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Summary of mid-term reviews and major evaluations of country programmes

Eastern and Southern Africa region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1) which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, *inter alia*, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in the present report were conducted during 1999.

Introduction

1. Seven mid-term reviews (MTRs) were scheduled in the region during 1999. The results of six of those are reported here. Because of the change in Government and related instability, the MTR for Comoros was postponed to 2000 and will be reported on in 2001. The current three-year programme of cooperation in Rwanda was the subject of a modified MTR, the results of which are described briefly below. In November 1999, the regional Programme and Budget Review (PBR) Committee approved post-MTR changes for all but two of the countries that had conducted MTRs.

2. All of the MTR countries are seriously affected by HIV/AIDS as the primary impediment to the realization of the rights of children and women. The MTRs provided an opportunity to refocus efforts on the complex HIV/AIDS emergency. All of the MTRs also involved formal evaluations and background studies, and most included series of meetings and field visits with a wide range of government, non-government and United Nations partners and, in most cases, bilateral donors. UNICEF South Africa broke new ground with its joint agency MTR, and representatives of United

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Nations Development Group (UNDG) agencies participated in all of the MTR processes described.

Country mid-term reviews

Lesotho

3. **The situation of children and women.** The civil disturbance following the 1998 elections, the ensuing destruction of property and the military intervention of the Southern African Development Community marked a watershed for Lesotho. Economic performance had been very good for several years to that point, but turned abruptly to negative growth following the rioting and pillaging of the business centre of Maseru and two other towns. Businesses, along with foreign investment, are now slowly returning to Maseru. The Lesotho economy continues to be based heavily on remittances from men working in South African mines despite a 50 per cent reduction in mine employment in the last five years. Government expenditures in health have declined since 1997 as expenditures on public safety and defence have risen.

4. HIV/AIDS and other sexually transmitted diseases (STDs) are recognized as development problems in Lesotho, and their burden is carried especially by women and children. The official estimate of a 10 per cent rate of HIV infection in the population is considered low because testing services are poor and a climate of denial persists. Available data show that girls aged 15-19 years old have a seven times greater rate of infection than boys. Preventive services for youth are rare. In 1998, the Government established focal points in all line ministries to integrate HIV/AIDS efforts and create structures to address the problem in all sectors. A national policy on HIV/AIDS and STDs is being developed.

5. Infant mortality remained stagnant at about 100 per 1,000 live births from 1986 to 1996 despite considerable investment in child health interventions. Diarrhoea, malnutrition and acute respiratory infections (ARI) continue to be the major contributors to infant death.

6. **Achievements and constraints.** Access to iodized salt for all families has been achieved through the development and enforcement of strong legislation. Access to health services improved in eight pilot sites with strong community management, and this work needs to be extended. The lack of training and support for community health workers is a constraint to better services. There is an increasing tendency towards user fees for health services, which has restricted access to the poor. UNICEF has supported parent advisory committees in over 800 schools, as well as improved schooling opportunities for herdboys and street children. None the less, enrolment has declined since the early 1990s due to increasing poverty and inadequate investment in teacher training and school facilities. Government use of the results of the multiple indicator cluster survey (MICS) has permitted improved planning at decentralized levels. UNICEF support has also contributed to a greater awareness of the practical implications of rights-based programming among government and non-governmental organization (NGO) partners. The steady economic decline of the country, along with HIV/AIDS, are key constraints to progress in all areas.

7. **Assessment of programme strategies: lessons learned.** The programme will be modified to focus more on HIV/AIDS and on the ability of communities to cope with the problem. To achieve this, considerable work will be required to engage the Government at all levels in providing an enabling environment for participatory work with communities. Operations research will be conducted to get the information needed to improve participation, access and utilization by young people of preventive services. UNICEF will work with the Government to establish a multisectoral steering committee to monitor implementation of the National Programme of Action (NPA) and the Convention on the Rights of the Child. The satellite school model judged to be successful in the MTR will be replicated to provide more educational opportunities for hard-to-reach children. The primary environment care project will be dropped.

8. **Country programme management plan (CPMP).** The office established systems for effective and efficient resource management and accountability during the first half of the programme cycle, guided by the ongoing Management Excellence Programme, the UNICEF Mission Statement and Guiding Principles, management indicators, terms of reference for staff and management committees, and the 1997 internal audit recommendations. The main problem in the first half of the programme was insufficient funding from other resources, which resulted in a loss of some professional staff as well as the non-filling of vacant positions. The

office was able to raise funds for only 30 per cent of the planned other resources budget.

Malawi

9. **The situation of children and women.** Malawi is one of the poorest countries in the world, ranked 159 of 174 countries in the Human Development Index (HDI). Income distribution is extremely unequal, with 60 per cent of the population living in absolute poverty. The economy is vulnerable in view of its heavy reliance on tobacco, tea and sugar for export. External debt service accounts for 20 per cent of current expenditures. Household food insecurity is rampant. Infant and under-five mortality rates (IMR and U5MR) are 135 and 234 per 1,000 live births, respectively, and both are expected to rise due to AIDS. Maternal mortality is also very high.

10. Human deprivation is aggravated by the high and increasing prevalence of HIV and AIDS. HIV sero-prevalence rates are estimated at about 25 per cent in urban areas, 21 per cent in peri-urban areas and 11 per cent in rural areas. The rate of new infections is one of the highest in the world. Some 267 persons are infected and 139 people die every day. Five of six young people infected are girls. Projections of the number of orphans vary considerably, but one estimate suggests that there will be over 1 million orphans by the end of 2000, and 1.4 million by 2005. A Cabinet Committee on HIV/AIDS was established in 1998, and the President launched a National Strategic Plan against AIDS in October 1999.

11. **Achievements and constraints.** The programme was instrumental in the creation of a Child Rights Unit in the new national Human Rights Commission. The health programme contributed to sustaining national coverage of over 80 per cent for most antigens. No new polio cases have been reported since 1992. The programme has also successfully integrated vitamin A into routine immunization services. UNICEF supported the National Orphan Task Force in its review and strengthening of several laws that protect orphans against exploitation. The youth and education programme supported the Universal Free Primary Education policy by facilitating increased access and enrolment to primary education for both boys and girls. Some 65 community schools were established within walking distance in the catchment areas. Support to the establishment of school committees, the location of the schools within walking distance and the provision of training for teachers in cohort tracking facilitated an improvement in girls' enrolment and in the ability of teachers and communities to monitor the retention of girls in school. It contributed to HIV/AIDS awareness of young people through the formation of 2500 EDZI TOTO (Anti-AIDS) clubs in primary and secondary schools. Through the clubs, young people have received information on HIV/AIDS and life skills, which is being used in peer-to-peer sensitization. In collaboration with the National Youth Council, the programme has contributed to the formation of 70 youth-run NGOs and 8 youth centres. The water and environmental sanitation programme has assisted the Government in the provision of safe water to rural communities through NGO participation in the construction of tube-wells (shallow boreholes) and the rehabilitation of hand-dug wells. In virtually all of these programmes, progress was registered in building community and government capacity to sustain achievements.

12. HIV/AIDS was identified as a major constraint in virtually all areas, particularly as it causes the death of service providers in their productive years. The decentralization of programme activities has led, as in many countries, to the challenge of dealing with many more partners who are unaccustomed to the level of accountability required by UNICEF. A more sustained effort will be made in the second half of the programme to orient all partners to UNICEF processes and to build management capacity at all levels.

13. **Assessment of programme strategies: lessons learned.** The second half of the programme will focus more centrally on combating HIV/AIDS. The care and nutrition component, for example, will have a stronger focus on the needs of orphans. Policy development in sector-wide approaches (SWAPs) will be steered to taking HIV/AIDS into account. With this tighter focus on AIDS, the programme will be streamlined from 22 to 15 projects.

14. Intersectoral coordination at the district level needs to be improved, but districts also need to be able to coordinate with sectoral structures at the central level. Clarifying the role of districts in SWAPs will be a continued focus of work. Relationships with NGOs, which will continue to be important as they are active in key service activities related to HIV/AIDS, need to go beyond a donor-recipient relationship to a truer

partnership. This will be the focus of particular attention in the new programme.

15. **CPMP.** Some restructuring of the CPMP was approved by the regional PBR to correspond to the streamlining of programme and project structures. Some changes were also made to bring the ratio of national to international staff into line with that of most other countries in the region and allow the office to benefit from professionals with experiences gained outside Malawi. The strong probability of new funding in the areas of school sanitation and orphan care has enabled posts to be established in those areas. The inclusion of Malawi among the countries receiving new posts focused on the prevention of mother-to-child transmission will strengthen the office's ability to make HIV/AIDS concerns more central to the programme. Some changes have been made on the operations side to reflect the changing responsibilities associated with the Programme Manager System (PROMS).

Namibia

16. **The situation of children and women.** The Namibian economy continues to be extreme in income disparity. One half of the population survive on approximately 10 per cent of the income, while 5 per cent enjoy incomes more than five times the average. The reduction of inequalities and the obligation to fulfil children's rights continue to be major concerns of the Government, including the elimination of rural-urban disparities. The continued marginalization of minorities, for instance, children in remote areas or on commercial farms, remains a serious violation of rights. Implementation of Namibia's decentralization policy has been slow. Popular participation is considered essential, but it is often insufficient in reality.

17. Namibia is one of the four countries in the world most affected by HIV/AIDS. One in five Namibians aged 15-49 years old is infected and likely to die in the next seven years. AIDS is the number one killer. Namibia's HDI dropped from .656 to .638 from 1998 to 1999, due largely to the fall in life expectancy associated with AIDS. Infant mortality is projected to rise to 72 per 1,000 live births by the year 2010; without AIDS, a rate of 45 could have been expected. The number of orphans will be three to four times higher than normal. At least 15 per cent of children live in families where a parent is HIV-positive. Thus, in addition to the trauma of witnessing the deaths of their relatives, they are exposed to other infectious diseases. The effects of HIV/AIDS on women and girls are severe because of their relatively low status in society. The HIV/AIDS problem is compounded by high rates of alcohol abuse and experimentation with alcohol by youth. However, youth are considered a powerful force for change.

18. The launch of the second National Strategic Plan on HIV/AIDS led to intensified collaboration and created new partnerships, such as with the church. Open discussion by some political leaders, an increase in deaths from AIDS and generally increased awareness have made a dent in the conspiracy of silence. At the initiative of UNICEF, a multisectoral task force on communication on AIDS, comprising government and non-governmental members, has been formed.

19. Net primary school enrolment is 95 per cent, and boys and girls are equally represented in school and have similar achievement levels. However, there are disparities among population groups and in resource allocations and teacher qualifications. One quarter of the teachers are under-qualified. Because of AIDS, many children will be left without parents to support their schooling, and the already high attrition rate of qualified teachers will increase.

20. **MTR process.** The Namibia National Planning Commission Secretariat, the focal point for Government of Namibia/UNICEF cooperation, organized a steering committee for the review, which oversaw the process. Directors from all relevant ministries were represented on the steering committee. Five themes were identified to structure the MTR: (a) HIV/AIDS; (b) a focus on the most vulnerable; (c) capacity-building; (d) youth participation; and (e) a focus on the World Summit for Children goals. For each theme, a working group was formed and chaired by the Government. United Nations sister agencies participated in all groups, which reviewed existing programmes, identified additional programme opportunities, and produced findings and recommendations. Group members were then organized into sector groups following the country programme structure (i.e. health, education, early childhood development (ECD), etc.) and proposed changes to each programme in light of the thematic work. A positive side-effect of this approach was fruitful exchanges across sectors. For the first time,

many counterparts had discussions with colleagues from other ministries. Field trips also seemed to be very revealing to government partners.

21. **Achievements and constraints.** Only three projects of the country programme were originally linked to AIDS. The youth programme reached 40,000 young people with a life skills peer education programme on the prevention of HIV infection and substance abuse. The health programme improved access to services for adolescents. The child rights programme assisted children affected by HIV/AIDS. A model of collective orphan care in early childhood facilities was also developed. The review noted that while a national plan on HIV/AIDS existed, its implementation required additional UNICEF support. Recommendations were made for all projects to include an HIV/AIDS component, such as assisting the national literacy programme to develop materials on HIV/AIDS and school inspectors to monitor the use of AIDS-related teaching materials; to focus the communication programme on HIV/AIDS prevention; and to provide operational assistance to implement regional AIDS plans.

22. Progress towards achievement of the World Summit for Children goals varied. The pursuit of most health goals was limited to the facility level, making services available only to those who sought them. Poor interpersonal communication and a lack of managerial skills of health workers were identified as constraints. Outreach services have been irregular, missing approximately 20 per cent of the population. However, community mobilization was successful during national immunization days, which achieved very high coverage. Goals related to immunization coverage, polio eradication, tetanus elimination, measles reduction and vitamin A supplementation can be achieved with a concerted effort. However, the achievement of maternal mortality reduction by one half through creating a mother-friendly environment is unlikely given the requirement for attitudinal change in communities and among health staff. Some 80 per cent of the population have access to safe water, but sanitation and hygiene practices are lagging behind.

23. The review noted that UNICEF-assisted programmes had not uniformly addressed existing disparities in access to services or focused on the most vulnerable groups. AIDS orphans, female-headed subsistence farming households, children on commercial farms, San and Himba communities, and out-of-school youth are among those especially marginalized. The education for marginalized children and the mobilization for children's rights programmes had helped to raise awareness of the needs of the disadvantaged. The review recommended that assistance to the most marginalized should be provided through establishing stronger community ties, making better use of extension workers and contributing to community self-organization.

24. **Assessment of programme strategies: lessons learned.** Good progress was made on strengthening management systems and parental participation in formal education. The youth programme successfully created decentralized management structures that appear to be sustainable. Progress was least satisfactory in regional development due to an apparent lack of ownership by stakeholders and because the project was overtaken by the overall national decentralization effort. It was noted that capacity-building initiatives were often not developed based on needs assessments. Some of the capacity-building efforts were not flexible enough to adapt to changing circumstances. Capacity-building was often reduced to skills training for individuals, without creating suitable conditions for them to perform. A new framework will facilitate needs assessment and monitoring of future capacity-building efforts. Community capacity-building will be emphasized in the rest of the country programme, and several approaches are currently being tested. Among those that appear to be particularly promising is the work with school boards.

25. The MTR working group of young people representing all of Namibia's regions made recommendations on opportunities for involving adolescents as partners. Outside the youth programme, young people felt that they had not been involved enough in planning and implementation, and that they were objects of the programme rather than partners. Health services were seen not to be youth-friendly. The educational system was judged not participatory enough for parents or students. More participatory research should be focused on the situation of youth. Youth would like to be involved in the delivery of reproductive health services and requested more support for peer education on health issues as well as better coverage of key issues such as safe motherhood in school curricula.

26. **CPMP.** The major challenge for the revision of the CPMP was to address the large number of unfunded

staff positions created by exaggerated expectations of other resources. The identification of three priorities (AIDS, World Summit for Children goals and disparity reduction) and the clarification of desirable strategies (capacity-building, working with young people and better use of communication strategies) created a programme that was more focused and manageable within an affordable staff contingent. The CPMP also modified the job descriptions of support staff, including to adjust to tasks created by the introduction of PROMS.

South Africa

27. **The situation of children and women.** South Africa has the largest economy in sub-Saharan Africa, but the distribution of wealth is among the most unequal in the world. Two thirds of black households and three quarters of the rural black population have incomes well below the poverty line, while the large majority of white households have incomes that are multiples of that level. The HDI of South Africa declined by 12 ranks between 1998 and 1999. The mortality rate of black children is high for a middle-income country. A recent survey put the country's first reliable estimate of U5MR and IMR at 59.4 and 45 per 1,000 live births, respectively. Maternal mortality remains high. Nearly 70 per cent of infant and child deaths are related to diarrhoeal diseases and ARI, most compounded by malnutrition.

28. The impact of HIV/AIDS on children and women is expected to worsen as the rapid progression of the virus continues to erode human development. The speed of the spread of HIV/AIDS in South Africa is among the highest in the world and is recognized as a national emergency. The prevalence of HIV is expected to reach almost 25 per cent in the general population by the year 2010. By that date, life expectancy is projected to fall to 48 years from the 68 years anticipated in the absence of AIDS. Over 26 per cent of women in their twenties are infected with HIV, the highest prevalence of all groups. Rates of increase are rapid among teenage girls. The level of violence against women and girls remains very high and is a matter of grave concern.

29. Some 53 per cent of the population do not have adequate access to sanitation. More than 12 million people (30 per cent) do not have access to potable water, while nearly 50 per cent rely on public taps and other sources, including untreated surface water. The Government has committed itself to provide water supplies to 90 per cent of the currently unserved population by 2004. Education receives the single largest share of the national government budget (22.6 per cent), but the service provided is inefficient and ineffective compared to countries with similar expenditure levels. Despite high enrolment, particularly in primary schools, the quality of education is very poor, resulting in high repetition rates at all levels, poor learning outcomes and low adult literacy.

30. Thabo Mbeki was elected President in June 1999 and the African National Congress gained close to a two thirds majority in Parliament. The Government is committed to the promotion and protection of human rights. The rights of children are clearly stated in South Africa's Constitution and Bill of Rights and are incorporated in the ambitious National Action Plan for the Promotion and Protection of Human Rights. The Convention on the Elimination of All Forms of Discrimination against Women was ratified and is reflected in the new Constitution, which criminalizes discrimination based on gender and provides for affirmative action. The Child Desk in the Deputy President's office has been transformed into the Office on the Status of the Child in the Presidency, and will give a higher profile to children's issues. The NPA for Children is the framework for UNICEF-Government collaboration. It aims to improve the situation of children and ensure local action and involvement in the process.

31. **Joint agency MTR process.** The MTR in South Africa took place at a time of change which suggested that a number of the assumptions that had guided the design of the country programme in 1996 were no longer valid. Firstly, the biggest threats to children were now recognized to be HIV/AIDS and violence and abuse. Secondly, UNICEF and the entire United Nations system of 16 agencies in South Africa had seen the relevance of their individual programmes questioned not only by the Secretary-General's call for United Nations reform, but also by the Government's suggestion that 16 agencies, each with its own ambitious mandate yet limited resources, were perhaps a case of too many achieving too little.

32. Early in the MTR process, the Government indicated that especially in an election year, it would be impossible to give its attention to three separate MTRs for the United Nations Population Fund, the United

Nations Development Programme (UNDP) and UNICEF. All parties agreed to organize a joint MTR. Each agency was encouraged to pursue its own MTR processes with the relevant partner line ministries after which a joint review would be held. After considerable discussions with the Government, especially to take into account the priorities of the Mbeki administration, it was agreed that the focus of the joint agency review would be HIV/AIDS, gender and poverty reduction/ integrated rural development. In addition, it was agreed that human rights-based programming should be the key programme approach for all agencies, and this was added as a theme. A fifth theme for the joint agency review concerned operational issues; the Government was keen to discuss in detail how the operations of the UNDG agencies could be integrated. Accordingly, UNICEF conducted its overall individual MTR in collaboration with the NPA Steering Committee of the Government in August, and the joint MTR was conducted through a series of consultations, culminating in a formal meeting in November 1999.

33. **Achievements and constraints.** The first half of the programme recorded considerable achievements. UNICEF provided early leadership on HIV/AIDS, eventually helping to bring the United Nations country team together around a joint work plan that clearly specifies the roles of all agencies. The programme's support brought concrete meaning to local engagement in the NPA through the "child-friendly cities" initiative, establishing mechanisms and building capacity for addressing and monitoring the situation of children's rights in urban areas. UNICEF support to the education sector in the first half of the programme has been viewed as a model for building capacity for programme management and policy development at subnational levels and culminated in the adoption as central ministry policy of interventions that the programme had piloted. Overall, inadequate capacity for data collection and information management at decentralized levels was identified as a key constraint, as well as the pervasive and destructive effects of HIV/AIDS.

34. **Assessment of programme strategies: lessons learned.** The conclusions of the joint agency review were clear: 16 broad mandates of the United Nations agencies would be redirected to focus on two major issues — HIV/AIDS and integrated rural development. In addition, to be a credible and respected partner, United Nations system agencies would work closely together, speak with one voice, and avoid duplication and overlap. It was agreed that the focus of integrated rural development work would be the provinces of KwaZulu Natal, Northern Province and Eastern Cape. As UNICEF was not previously working in Eastern Cape and has supported work in Gauteng Province, some gradual modifications will be necessary, leading to a harmonized regional focus in the planning of the next country programme.

35. The overall strategic approaches agreed to by the UNDG agencies aimed at contributing to the promotion of a genuine rights-based culture in UNICEF and developing the capacities of communities and local government to analyse and design ways to tackle their own problems. Since UNICEF activities were already based on these strategies, the strategic adjustments implied by the joint agency review are perhaps not as difficult for UNICEF as they will be for others, but there will be ample challenges for all.

36. While the 1997-2001 master plan of operations will not be redesigned, the rest of the programme will be guided by the new priorities of HIV/AIDS and integrated rural development established by the joint MTR and the United Nations Development Assistance Framework (UNDAF). A rights-based approach to programming will apply to all United Nations/UNICEF programming from 2000 onwards. The most dramatic change in the country programme will be the strong focus on HIV/AIDS, accompanied by a reallocation of resources so that 40-50 per cent of financial resources and staff time are dedicated to this priority. The focus on HIV/AIDS will be complemented by a strong emphasis on gender, including the role of men in women's reproductive health, violence against women, rape and child abuse.

37. While UNICEF and its programme sections will continue to cooperate with line ministries, overall guidance for the cooperation will be provided by the Office for the Status of the Child in the Office of the Presidency, which is also the Secretariat for the NPA. The NPA is reconfirmed as the policy and action framework for the Government of South Africa-UNICEF programme of cooperation, and NPA processes will be decentralized to the provincial level. The cooperation must focus increasingly on community mobilization and empowerment as well as local government capacity development.

38. **CPMP.** Programme changes following the joint MTR and UNDAF processes are such that a CPMP revision is required. UNICEF South Africa will submit a proposal to the regional PBR in 2000, including annex papers on: (a) typologies of UNICEF programmes and offices; (b) resource mobilization, contribution management and private sector partnerships; (c) United Nations House and common services; and (d) the present and future supply function in UNICEF South Africa.

United Republic of Tanzania

39. **The situation of children and women.** The United Republic of Tanzania's population of 32 million lives with high dependency and mortality rates, both likely to worsen due to the effects of HIV/AIDS. Nearly 200,000 children under five years old die each year. Malaria is the leading cause of child mortality, and low birth weight, protein-energy malnutrition, diarrhoea, pneumonia and AIDS are important contributors. HIV/AIDS is the leading cause of death among adults. There are an estimated 9,000 maternal deaths and about 180,000 cases of significant disability related to pregnancy and childbirth each year.

40. Among the main challenges to the country's long-range development are massive and entrenched poverty, HIV/AIDS, poor infrastructure in all sectors, a heavy disease burden, the extremely heavy debt burden and the precarious humanitarian situation in the Great Lakes countries. Gross primary school enrolment was 98 per cent in 1981; it is about 78 per cent today. In 1984, about 60 per cent of women delivered their newborns in a health facility; the figure is about 47 per cent today. Only one half of the country's population have access to safe water, and the figure is apparently declining as many existing schemes become defunct. Social sector investment competes with debt servicing. HIV/AIDS has posed additional social service challenges, and basic services coverage has suffered as a result. Recently, however, the Government has taken steps to curb corruption and improve financial management and accountability and to accelerate social sector reform. In addition, the Highly Indebted Poor Countries initiative of the Bretton Woods institutions promises to relieve the United Republic of Tanzania of about $2 billion in debt during 2000.

41. **MTR process.** Piloted by UNICEF-Government technical committees on both the mainland and the islands, the MTR was organized around five multisectoral theme groups that included 200 persons from the Government, United Nations agencies, bilateral donors, NGOs and UNICEF. The five groups covered local government and community development; rights of the young child; rights of school-age children and adolescents; social mobilization for rights; and linking emergency to development. District-level counterparts were consulted through open-ended questionnaires and concept papers, and selected district-level partners participated in a wrap-up meeting in June 1999. A special effort was made to review monitoring and evaluation in the programme from the village to the national level, including assessing capacities of key actors to strengthen systems.

42. **Achievements and constraints.** Gains in expanded programme on immunization (EPI) coverage were sustained. Integrated Management of Childhood Illness was launched and expanded, and the experience in community-based nutrition was an important foundation for household and community-focused interventions. Over 70 per cent of the salt consumed in the country is iodized, resulting in a significant reduction in iodine deficiency disorders. Vitamin A is supplemented through 4,000 EPI outlets on the mainland. Significant progress has been made in promoting rainwater harvesting, as well as in the construction and equipping of medium and shallow wells with handpumps. However, all these efforts were relatively divergent and lacked the synergy required to create positive impacts on child morbidity and mortality.

43. Primary school teacher-training curricula were reviewed from a rights and gender perspective, and those of the complementary basic education initiative were formulated. Guidance counselling and learning manuals were developed and used to train teachers. Community-based manuals for training school committees, ward education coordinators and teachers were produced, and training was implemented. District-focused school mapping, spearheaded by UNICEF, served to update the basic education situation and to mobilize for accelerated action, and it is increasingly being adopted by donor agencies. However, interventions focusing on the school-aged child and the adolescent were weak on life skills, and participatory approaches with young people need strengthening.

44. UNICEF worked closely with other partners in supporting public sector reforms, mobilizing and reporting on the rights of children and women, formulating and popularizing policies on children and women, and mainstreaming gender in the country's development process.

45. Finally, while major progress has been made in addressing the plight of thousands of refugees in the western part of the country, more work is required to fully integrate the response to the refugee emergency with the development programmes for the refugee-affected indigenous communities.

46. **Assessment of programme strategies: lessons learned.** It was decided that the country programme would be implemented around clusters of activities corresponding to the five theme areas noted above, all of which would be geared towards developing the capacities of communities to address rights violations. An emphasis on communication, especially fostering a two-way flow of information, would be the most critical element in this capacity development. Monitoring and evaluation would need to be reinforced in all theme areas. The theme-based organization replaces a more traditional sectoral organization of the office.

47. The programme will continue to build on the significant progress made in increasing gender awareness and fostering gender-sensitive development. There will be a special emphasis on the role of men in parenting, reduction in women's workload, support for girls' education and protection against abuse (and HIV/AIDS), as well as promoting enhanced women's representation in governing bodies starting from the village and community levels. There will be tighter integration of emergency preparedness and response in community capacity development activities of all kinds. Finally, UNDAF will be a useful framework for programme coordination within UNICEF and among United Nations agencies.

48. **CPMP.** The reorganization of the programme around five theme "clusters", and the additional focus on monitoring, evaluation and information management, entailed changes in the CPMP and in reporting relationships of staff. Each of the five theme areas will be led by a senior staff member. A new section — Advocacy, Assessment and Analysis — will combine the functions of the former sections dealing with information and communication about rights and monitoring and evaluation. The reorganization of the country programme around these thematic areas will facilitate a capacity development approach to programming.

Zambia

49. **The situation of children and women.** Zambia is in the throes of a social crisis that is systematically eroding the gains made in child survival and development over the past three decades. Some socio-economic indicators are at levels equivalent to or worse than those of countries at war. The HIV/AIDS pandemic is the single greatest threat to development and, ultimately, to the security of Zambia. The impact of the disease is felt in all spheres of life and by the majority of the population, with an estimated 1.02 million Zambians currently reported to be infected with HIV and more than 30,000 children a year born HIV-positive. The increase in infant, child and maternal mortality, as well as the sharp fall in life expectancy from 49 years in 1992 to an estimated 37 years at present, also demonstrate the enormous toll the disease is taking on the most vulnerable groups in Zambian society. An estimated 575,000 children are orphaned due to the loss of one or both parents as a result of HIV/AIDS.

50. The acceleration of HIV/AIDS is fueled by intractable poverty and a huge debt burden, higher than the entire health and education sectors combined. According to the UNDP 1999 *Human Development Report*, Zambia is the only country of the 79 for which data are available where the value of the HDI is lower than it was in 1975. The deepening and worsening poverty situation is confirmed by recent data from the 1998 Living Conditions Monitoring Survey, which show that between 1996 and 1998, extreme and overall poverty levels in both rural and urban areas have increased from 69 to 73 per cent.

51. Malnutrition rates remain unacceptably high, with 42 per cent of children stunted. Malaria is the principal killer of children under five years old, with about 40,000 dying per year, and a major contributor to maternal death. Some 600,000 school-age children are deprived of a formal education, while the quality of education deteriorates further. Considerable challenges to children's rights have also come to light during the programme period, notably the risk in the number of reported cases of child abuse, the rapid increase in the

numbers of children living and working on the streets, the growth in juvenile delinquency and children in conflict with the law, and the widespread violence perpetrated against women and girls.

52. **MTR process.** The Zambia MTR was launched in January 1999 with the establishment of two committees chaired by the Ministry of Finance and Economic Development. One of the committees was to provide technical guidance and the other executive oversight for the MTR preparations, implementation of core review activities and development of required documentation. The process itself was consultative and participatory, extending over six months and involving 116 staff from key ministries, national institutions, non-governmental and donor agencies, and the United Nations system. As part of the United Nations reform process, staff from other United Nations agencies served on the technical committee and participated in the process. The Permanent Secretary of the Ministry of Youth, Sport and Child Development chaired the final formal meeting, which was held in September and brought together over 140 participants. The joint Government-UNICEF meeting endorsed the main MTR recommendation to focus the programme of cooperation for 1997-2001 (E/ICEF/1996/P/L.8/Add.1) on the key areas of HIV/AIDS prevention and mitigation, malaria and children in need of special protection.

53. **Achievements and constraints.** The MTR noted the formidable external challenges, with much of the optimism of the programme preparation period dimmed by the deterioration in the situation of children and women in Zambia. The programme made modest gains, such as the increase in access to safe water in 10 UNICEF-supported districts from 38 to 47 per cent. Despite the eroding capacity of the health sector, immunization coverage was maintained at over 80 per cent. A number of innovative interventions were implemented, including mother-to-child transmission services in three pilot sites and youth-friendly health services in five districts. Community-based malaria prevention and control, piloted in one district, significantly reduced malaria mortality and incidence. The MTR recommended more attention to nutrition and maternal mortality and an additional focus on children in need of special protection, ensuring a multisectoral response. Overall, broad progress has been undermined by the fundamental constraints to development presented by the convergence of HIV/AIDS, poverty and debt. It is becoming increasingly clear that perhaps none of the National Plans of Action goals for children will be met, highlighting the enormity of the social crisis facing the country.

54. **Assessment of programme strategies: lessons learned.** The MTR reaffirmed the soundness of the main strategies of the programme: positioning children and women at the centre of Zambia's development agenda; increasing access to quality services; and strengthening community and family capacity to protect and care for children. Nevertheless, the MTR recommended a further strengthening of these strategies and a more explicit link to the following key programme approaches: human rights-based programming; partnership-building; advocacy for significant debt reduction, in particular debt swaps for HIV/AIDS initiatives; programme communication support; working with communities; gender mainstreaming; and emergency preparedness.

55. A number of important lessons emerged from the review. Chief among them is the need for a greater focus for the remainder of the programme, especially for priority attention to HIV/AIDS, malaria and child protection. Other lessons include the need to adopt a more cautious strategy in the undertaking of the sector investment programme/SWAP process, given the range in experience to date in Zambia; the need for a more rigorous examination of the scaling up of well-managed projects; and the need to devote considerable attention to nurturing enhanced collaboration between government and NGO partners, which are providing significant assistance to children in Zambia. The MTR noted that for any national response to children's issues, particularly AIDS orphans, it is essential that a unified and coordinated approach involving all partners be adopted.

56. **CPMP.** The management review undertaken as part of the MTR endorsed significant modifications to the original CPMP identified through the MTR process. Changes to the management and office organization were approved by the regional PBR in November 1999. Responding to the increased emphasis on HIV/AIDS, malaria and children in need of special protection, an increase in staff and the reallocation of funds in these areas was endorsed by the PBR. The revised CPMP will reflect a stronger emphasis on the monitoring and evaluation and communication components as part of the reinforced programme planning and coordination function approved by the PBR.

Rwanda

57. **MTR of a short-duration programme.** In view of the changes that have taken place in Rwanda since the 1994 genocide and the importance of the current three-year short-duration programme (E/ICEF/1997/P/L.20) as a transition to more stable programming, UNICEF Rwanda and the Government decided to conduct an MTR of the programme in June 1999. The review was chaired by a senior official in the unit of the Ministry of Finance that coordinates development aid, and the exercise served to cement relationships with that unit. In the face of continuing high infant and child mortality, the fact that 70 per cent of the population live in poverty and the growing impact of the HIV/AIDS epidemic, the review served to highlight some key programme areas of focus for the remainder of the programme, but especially for the new programme currently being planned. In this sense, the review was perhaps most useful for structuring the discussions in the strategy meeting for the new programme, which took place later in the year and are reflected in the country note presented to the Executive Board at its first regular session of 2000 (E/ICEF/2000/P/L.11). General conclusions of the review were that HIV/AIDS should figure more prominently in all projects of the programme of cooperation and that there should be a stronger focus on developing technical and programme management capacity in the Government, which has understandably been weak since the events of 1994. CPMP issues were not discussed in the MTR, but await the preparation of a new country programme in early 2000.

Overview of major evaluations

58. Evaluation activities in the Eastern and Southern Africa region have greatly increased external linkages to Governments, partner organizations and the academic world through the formation of national evaluation associations in Comoros, Eritrea, Ethiopia, Kenya, Madagascar, Rwanda and Zimbabwe. Many of these were created in preparation for the inaugural meeting of the African Evaluation Association, which was attended by over 300 evaluators from 35 countries. It is expected that these organizations will continue to grow in number and scope throughout Africa.

59. Organized by UNICEF, the third meeting of the Expert Working Group of Directors of Government Statistics Offices in the region attracted 18 directors and their UNICEF counterparts, who reviewed experiences with the mid-decade MICS in preparation for end-decade reporting. Constraints identified included the lack of capacity in data analysis, data processing and report writing, echoing the mid-decade experience. Among the recommendations was that the end-decade MICS questionnaire should be shortened, simplified and finalized quickly, and that training materials should be provided in good time.

60. The evaluations conducted by country offices are demonstrating a greatly increased concern with issues related to HIV/AIDS. Almost every annual report in the region mentions at least one study in this area. Research studies on knowledge, attitudes, behaviour and practices are the most common. Generally, knowledge has increased, although there are still individuals and communities which do not believe that HIV/AIDS is affecting their lives. Such research studies are increasingly positioned as useful advocacy documents to provoke government action. While changes in behaviour are still lagging, demographic surveys have given early indications of increases in the ages of marriage and first sexual intercourse in some countries, including *Kenya* and *Uganda*. An evaluation in *Zimbabwe* noted that while youths generally had basic knowledge of HIV/AIDS, they lacked access to condoms and did not go to clinics for fear of hostile treatment by health workers. *South Africa* has conducted research on mother-to-child transmission in preparation for the production of national replacement feeding guidelines.

61. An assessment of orphans in *Swaziland* recommended that sectors assess the impact of HIV/AIDS in their respective areas. The main finding was that it is now too late to stop the worst from happening. Efforts should be focused on minimizing the terrible impact of the epidemic. The Ministry of Education will face significantly increased costs and finds it increasingly difficult to fulfil its mandate in the face of HIV/AIDS. *Mozambique* evaluated the "Stepping Stones" life skills methodology for family and community-level action, which also covered orphan's issues. This activity enhanced community solidarity and resulted in generally improved outlooks for children as well as decreases in numbers of sexual partners.

62. *South Africa* and *Uganda* are planning evaluations of the costs of options for the care of

orphans during 2000. More general evaluations of care of orphans are also planned for 2000 in several other countries, including *Malawi*, which will examine traditional coping mechanisms for the care of orphans in extended families and traditional psychosocial care practices. A key aspect of costs of the care of orphans that has legislative dimensions is inheritance. This and the closely linked issue of guardianship were evaluated in *Namibia*, where it was found that problems arose when the person who inherited or took the property of an AIDS victim did not provide for the children. Participants considered that written wills were a suitable vehicle, and it was recommended that a "will's education" programme be initiated.

63. An evaluation on the prevention of malaria, the second regional programme priority, through the use of impregnated bednets was conducted in *Mozambique*. Most people know that mosquitoes cause malaria and that the disease can be prevented by the use of nets, but it is still common to treat malaria through the inhalation of herbs. All participants wished to use bednets. Reasons for low usage included the scarcity of locations at which they were sold, the cost of the nets and the lack of funds. The Roll-Back Malaria strategy emphasizes the use of bednets. This behavioural change requires a widespread awareness of the cause of malaria, and further country-specific studies may be required.

64. The education sector previously concentrated on monitoring data, but an increasing number of evaluations are now being performed. An evaluation in *Madagascar* of learning achievements in the fourth grade found that life skills were not highly responsive to education processes, although there were significant differences between schools. Major predictors of learning achievement included nutritional status of the pupil, professional status and sex of the teacher, availability of teaching materials such as manuals, and location of the school. In *Uganda*, it was discovered that the main reason girls dropped out of school was the lack of adequate and private sanitary facilities. A survey of 90 schools found that, while 99 per cent of schools had access to pit latrines, less than one half of these provided sufficient privacy to users. Only 20 per cent of schools had hand-washing facilities within easy reach of the latrines, and few of these showed evidence of use. Recommendations included improvements in facilities and in hygiene education for teachers and students.

65. Landmine awareness has been a priority in emergency areas. In 1999, the three-year national landmine programme in *Mozambique* was handed over completely to the Government. An evaluation of this programme noted that the careful selection of simple messages had some effect on mine awareness, although the flow of information about mine discovery from district capitals to provinces was weak and slow. The study recommended increased involvement of individuals disabled by mines and more work with educators. *Angola* established a mines incident surveillance system that provides inputs to the production of a quarterly landmine bulletin.

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Summary of mid-term reviews and major evaluations of country programmes

West and Central Africa region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, *inter alia*, the results achieved, lessons learned and the need for any adjustment in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in the present report were conducted during 1999.

Introduction

1. In the West and Central Africa region, eight country programmes, whose cycles run from 1997 to 2001, conducted their mid-term reviews (MTRs) in 1999. Most reviews were carried out in a context of increasing poverty, heavy debt burden, the growing HIV/AIDS pandemic and rampant political instability. In the Central African Republic, for example, the social sectors were affected by prolonged political turmoil, frequent military rebellion and chronic lack of resources, all of which are rooted in poverty. Difficulties were compounded by the armed conflict in the neighbouring Democratic Republic of the Congo, as thousands of refugees fled into the country. In Côte d'Ivoire, a debt of $130 billion and ineffective governance denied the population the benefits of the economic growth that has occurred since the devaluation of the CFA franc in 1994. Poverty is pervasive and mortality rates are increasing due to the high prevalence of HIV/AIDS in the region. Despite having the highest gross national product (GNP) per capita in the region, Gabon, one of the more politically stable countries, has recorded low social development. International debt has become so burdensome that it undermines the country's development prospects.

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2. Guinea remains among the poorest countries in the region, with a very weak human resource base and low social development. Conflicts in neighbouring Guinea-Bissau and Sierra Leone have forced thousands of refugees into Guinea, thus increasing demand for assistance, to which the country can hardly respond. In Nigeria, which accounts for 40 per cent of the region's total population, the MTR took place during a period when the country was striving to recover from several years of isolation from funding partners, due to military rule, repeated violations of human rights, mismanagement of resources and heavy international debt, amounting to $300 billion. Economic growth is resuming in Senegal, but the positive impact on the well-being of the population is not yet evident. The 18-year conflict in Casamance has created great need for assistance in this part of the country. Togo is also suffering from the withdrawal of major donor support after the 1998 elections. With very little investment in the social sectors, the health and education systems are collapsing and the living conditions of the population — children and women especially — have been declining.

Country mid-term reviews

Central African Republic

3. The MTR process started in October 1998, with the development of the terms of reference and work plan. Partners from the United Nations system and non-governmental organizations (NGOs) participated in the review meeting. Thematic studies, focus group interviews and field visits were carried out to collect data to assess country programme performance.

4. **The situation of children and women**. Progress in the situation of children and women was mixed: the under-five mortality rate (U5MR) is very high (157 per 1,000 live births). The infant mortality (IMR) decreased from 111 to 97 per 1,000 live births between 1994/95 and 1998, but the mortality rate for children between the ages of 1 and 4 increased slightly (62 to 67 per 1,000 live births) in the same period. This high level of mortality is due to the collapse of the health system. The national expanded programme on immunization (EPI) has deteriorated and immunization coverage, which was among the highest in the region, has fallen from 80 per cent to less than 50 per cent. Hence, the country has been facing an upsurge in such diseases as malaria, acute respiratory infections (ARI) and diarrhoea. Malnutrition is pervasive: a 1998 survey revealed that 84 per cent of children 6 to 36 months of age suffer form iron deficiency anaemia and 68 per cent from vitamin A deficiency. Half of adult women suffer from iron deficiency anaemia and 17 per cent from vitamin A deficiency. About 20 per cent of pregnant women are HIV positive, and the prevalence rate of 8 per cent in the general population is as high as 15 per cent in the capital of Bangui. The HIV/AIDS pandemic, at present considered one of the most serious threats to the country, has significantly contributed to rising mortality and is undermining the country's development prospects. It accounts for 85 per cent of teachers' deaths. The maternal mortality rate (MMR) is also increasing, primarily because of AIDS and the collapse of the health system. There has been no increase in the enrolment rates of 63 per cent since 1995. This lack of progress is due to deteriorating school facilities, decreasing number of teachers, recurrent strikes and low national expenditures on education. These factors have contributed to an increase in the number of street children, most of whom are school drop-outs or AIDS orphans.

5. **Achievements and constraints**. In spite of the very difficult political and economic situation, the country programme has achieved noticeable results in collaboration with development partners. It has expanded the Bamako Initiative to 16 health districts, covering 45 per cent of the country's total population; increased the polio immunization rate to 82 per cent of children up to the age of five; raised iodized salt consumption to 87 per cent of households; expanded the practice of exclusive breastfeeding to 30 per cent of lactating women; and established juvenile courts. The water and environmental sanitation (WES) programme has provided drinking water to 70 per cent of the population in project areas (as opposed to 40 per cent for the whole country). Provision of water has freed young girls from domestic chores and has resulted in an increase in girls' enrolment in school in the two zones where the country programme concentrates its interventions. In two years, girls' enrolment has increased from 35 to 45 per cent, narrowing the gap with the boys' enrolment rate. Access to sanitation has increased through introduction of latrines in households and promotion of environmental hygiene in the programme focus area and two major cities. The development of a geographic database for children and women has improved the decentralized planning and

monitoring process. Development committees have been set up in 320 villages in the country programme intervention area. Through weekly television and radio programmes, the advocacy and social communication programme has contributed to raising awareness of the HIV/AIDS pandemic and of the rights of children and women.

6. Long-term political turmoil marked by frequent rebellions and limited resources — especially those allocated to social sectors — are the most serious constraints in programme implementation. In addition, the Government has been unable to execute the national decentralization policy. Weak national capacities in almost all areas, including in planning and monitoring, and inadequate coordination of partners in the health sector are other constraints the programme has faced during the past two and one half years.

7. **Assessment of programme strategies: lessons learned**. In spite of political and social instability, the Central African Republic country programme has achieved good results, due to UNICEF leadership, community participation and decentralization. Government partners are very involved in programme management and implementation and share the credit for quality indicators in programme performance. This has helped the country programme raise the commitment of government partners to participate more effectively in implementing activities and ensuring programme ownership. The development of activities at the community level was found to be a sound strategy that helped the programme maintain its activities in villages, despite the political unrest in the country. Community surveillance, as a part of the decentralization and participation process, is still new and limited to 27 villages, but the demand for this strategy by other communities and leaders is increasing. The MTR also recommended that several country programme objectives be adapted to the country's capacities and programme resources.

8. **Country programme management plan**. The MTR recommended that the WES programme be integrated into the health and nutrition programme to maximize the impact of water supply on health. Programme staffing should be adapted to the proposed structure. UNICEF participated in the elaboration of the Common Country Assessment (CCA) and supported the identification of indicators that will be used by the United Nations system to monitor interventions. The United Nations Development Assistance Framework (UNDAF) process is under way.

Côte d'Ivoire

9. In Côte d'Ivoire, the MTR process began with the 1998 annual review, followed by the programme audit conducted in November 1998, the end-of-cycle review of the 1992-1996 programme and the revision of programme objectives. The conclusions of all sectoral groups were included in a draft of the MTR, which was then expanded by advisers from the regional office. Representatives of NGOs and the Children's Parliament, the United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), World Food Programme (WFP), United Nations Educational, Scientific and Cultural Organization (UNESCO) and bilateral partners participated in the meeting.

10. **The situation of children and women**. Infant mortality increased between 1994 and 1999, from 94 to 112 per 1,000 live births. In the same period, U5MR increased from 150 to 181 per 1,000 live births, due primarily to the high prevalence of HIV/AIDS, malaria, ARI and diarrhoea. HIV prevalence in urban areas ranges from 10 to 15 per cent and is about 6 per cent in rural areas. Approximately seven teachers, five from the primary school level, die each week of AIDS. This high prevalence of HIV/AIDS among teachers seriously undermines the achievements of the national education system. There were more than 77,000 AIDS orphans in 1998, and it is estimated that the number will increase to 600,000 by the year 2001, given the high prevalence of HIV/AIDS among pregnant women (9 per cent). Primary school enrolment has stalled at about 71 per cent, while the first grade admission rate is declining. Each year, 200,000 children leave primary school, a large number of whom become street children. Education performance is low: on average, it takes 10 years for a student to complete a 6-year cycle. Only one household in three in rural areas, and three in four in urban areas, have access to safe water. In rural areas, 55 per cent of the population has no access to adequate sanitary disposal.

11. **Achievements and constraints**. The health programme has extended the primary health care strategy to 3 additional health districts, covering at present 13 of 42 districts in the country. It has revitalized 82 health centres, strengthened community

participation, and trained community health workers in nutritional education and in monitoring the growth of children up to the age of three. Voluntary counselling and testing about HIV/AIDS were introduced for pregnant women: 3,500 of these women agreed to testing; 2,400 returned to obtain test results; and 109 were HIV-positive and accepted AZT treatment. The WES programme has put priority on the eradication of Guinea worm disease and achieved a reduction of 50 per cent in the number of cases, from 2,794 to 1,414 between 1996 and 1998. Only 262 cases were reported from 176 villages in 1999. At present, community surveillance of the disease covers all endemic villages. The programme has also promoted and supported hygiene and sanitation in schools in its focus area and installed 250 latrines. Basic education has focused on promoting girls' education, training teachers in the northern part on the country, providing schools with textbooks, creating literacy centres, equipping schoolgirls with farming tools for income-generating activities, and conducting a study on gender stereotypes in textbooks.

12. Access to basic social services, however, is declining. The population's support of health facility maintenance costs is still weak and municipality ownership of country programme interventions is also inadequate. The programme, especially in the areas of health and nutrition, is vulnerable to such factors as inadequate coordination among development partners and insufficient monitoring and supervision of programme implementation.

13. **Assessment of programme strategies: lessons learned**. Communication and social mobilization need to be strengthened to support other sectoral activities. Government and NGO technical capacity in planning and implementation must also be reinforced. The size of the target population in the country programme focus area is too ambitious, given available resources and weak coordination of partners. Focus will now shift to such emerging issues as HIV/AIDS (including mother-to-child transmission), adolescent health, girls' domestic work, early childhood care for growth and development, and non-formal education for girls' and women's literacy.

14. **Country programme management plan**. Between January 1997 and May 1999, regular resources increased by more than 23 per cent; 50 per cent of other resources have been mobilized. The programme structure has been maintained, but future integration of activities is needed in order to have greater impact on target groups. Cross-sectoral programmes — advocacy and communication, social planning, and monitoring and evaluation — will focus on the promotion of community development, behavioural change, and monitoring of the situation of the target groups and the use of data and lessons learned for advocacy and policy dialogue. The CCA is scheduled for the year 2000.

Gabon

15. Four sectoral working groups were established to prepare the MTR, which involved high-level government officials, United Nations agencies (UNDP, the World Health Organization (WHO) and UNFPA), the African Development Bank, the Governments of Canada, France, Germany and the United States, and the European Union. Support given by the regional office contributed to the success of the process, the first for Gabon.

16. **The situation of children and women**. The U5MR of 145 per 1,000 live births, although still high, has slightly decreased from its 1996 level of 154 per 1,000. Immunization coverage, however, has been decreasing. Measles coverage, for instance, went from 76 per cent in 1990 to 57 per cent in 1999. Access to primary school is universal, but the primary net enrolment rate (about 86 per cent) is indicative of high repetition rates (36 per cent) and poor performance of the education system. Disparities in living conditions are wide and poverty is prevalent among populations in suburban areas. HIV prevalence in the general population is 4.8 per cent, but it is increasing rapidly. Although not documented, child trafficking is widely practised. Children immigrate from Benin, Nigeria and Togo, and most work as housekeepers.

17. **Achievements and constraints**. Four of the eight health centres in Libreville were upgraded and a system of management and prescription of generic drugs was recently introduced. Training guides for heath workers were produced in collaboration with the European Union, and 100 health workers were trained in the use of the guide. The programme has supported a comparative study on national legislation, the Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, and child trafficking, with an emphasis on girls. Collaboration has increased with UNDP, UNFPA and

government counterparts on gender sensitization and the promotion of the rights of girls and women.

18. The review identified weaknesses in the country's social policies, lack of national capacity in planning, an inadequate national statistical system and implementing capacities, and less than optimum supervision from the area office due to political instability in the Congo. Furthermore, the country programme lacks focus and has too many objectives. Because this is Gabon's first programme of cooperation with UNICEF, knowledge of UNICEF procedures and strategies, especially the rights-based approach, is still weak.

19. **Assessment of programme strategies: lessons learned**. The programme will focus on rights-based programming, with a focus on child trafficking. Emerging problems such as the decline in the practice of breastfeeding and growing prevalence of HIV/AIDS will also be addressed. The programme will strengthen cooperation with the United Nations system and bilateral partners and will monitor the situation of children and women. Studies on child labour and trafficking and on the 20/20 Initiative are under way. A demographic and health survey, whose focus is the delivery of basic social services, is planned for the year 2000.

20. **Country programme management plan**. The current country programme (1997-2001) is the first five-year programme the Government of Gabon has had with UNICEF. The Libreville sub-office has been supervised by the Côte d'Ivoire office since May 1999. The CCA/UNDAF process will start in 2000, and harmonization of programme cycles within the United Nations system will take place in 2002.

Guinea

21. A coordination committee, chaired by the Ministry of Planning, was established to manage the MTR process. United Nations agencies, the World Bank, the European Union, the Government of France and NGOs participated in the meeting. Results of surveys and previous annual reviews were used to assess programme performance.

22. **The situation of children and women**. About 40 per cent of the population is poor, and although under-five mortality is declining, it remains very high, at 201 per 1,000 live births. Major causes of mortality are diarrhoea, malaria and ARI, which account for 9 in 10 patient visits to health centres. Maternal mortality (estimated at 1,600 per 100,000 live births) is among the highest in the world. HIV infection is increasing: 4,574 cases were reported in 1998, up from 3,080 in 1996. Women represent 40 per cent, and children 3 per cent, of those infected. About 30 per cent of children under the age of five are stunted. In rural areas, 65 per cent of households have access to safe water, as opposed to 72 per cent in urban areas. School enrolment rates are low: 51 per cent for boys and 47 per cent for girls. Adult illiteracy is particularly high: 80 per cent of women and 64 per cent of men are illiterate.

23. **Achievements and constraints**. The health programme has supported capacity strengthening of health workers in managing malaria, ARI and diarrhoeal disease, as part of the Integrated Management of Childhood Illnesses initiative. It has also ensured the availability of vaccines, and during National Immunization Days (NIDs) in 1997 and 1998, 98 per cent of children were immunized and Vitamin A was distributed. With the support of UNICEF, the national capacity to produce iodized salt was increased to 800 tonnes a year. The programme has supported the creation of funds to pay for deliveries, transport women to hospitals, and support social mobilization and capacity-building to assist women to increase their role in decision-making and participation. In its focus area, which covers 20 per cent of the national population, the WES project has focused on building women's capacity to participate throughout the planning and implementation process and to manage water points. At present, 30 per cent of water points in the country and almost all in the water project area are regularly monitored. The introduction of low-cost latrines has been very successful. The advocacy programme has trained its partners in interpersonal communication skills and supported the Government in preparing the initial report submitted in 1999 to the Committee on the Rights of the Child. Support was given to national capacity-building in data collection. About 5,000 children, mostly girls, who had left school are currently enrolled in literacy courses in "Nafa" non-formal education centres, and a number of them have been promoted to formal secondary school. Advocacy has contributed to increasing girls' enrolment through the publication of pamphlets ("*Filles education*"), as well as in the symbolic purchase of knives from women who practice excision.

Partnerships have been built with UNDP, UNESCO, UNFPA and a network of women parliamentarians to promote the rights of children and women in conflict situations.

24. The programme has encountered the following constraints: lack of national policies in sanitation and communications; weak national capacity in planning, monitoring and evaluation; and political turmoil during the 1998 election. Weaknesses in the national statistical system affect the availability of data and the implementation of the Integrated Monitoring and Evaluation Plan.

25. **Assessment of programme strategies: lessons learned**. The review recommended that the country programme define more precisely its areas of intervention. Although still weak, the participation of communities in monitoring and managing water points is very encouraging and has demonstrated the relevance of the strategy. The country programme will seek to be more effective in focusing on the integration of activities in its areas of intervention, in cooperation with other partners. In addition, innovative interventions will be consolidated. The Government is committed to formulating new strategies in order to improve the accessibility, coverage and quality of social services. The agenda of the CCA/UNDAF process was discussed during the review meeting.

26. **Country programme management plan**. At mid-term, the programme had already mobilized two thirds of the approved amount of other resources. The regular monitoring and use of indicators on quality assurance management has contributed to the improvement of teamwork and participatory processes in the office.

Nigeria

27. In Nigeria, the MTR process drew upon the 1997 and 1998 annual reviews and earlier studies and assessments. United Nations agency heads, members of the diplomatic community, representatives of state and local government, NGOs, community leaders, government ministers, permanent secretaries, chief executives and directors participated in the review meeting.

28. **The situation of children and women**. Survival and development indicators have worsened for both the general population and children and women. Although good performance has been recorded in the country programme areas, overall conditions in the country are deteriorating. The IMR has increased to 114 per 1,000 live births and U5MR has risen from 191 to 239 per 1,000 live births. Maternal mortality remains high (948 per 100,000 live births). Immunization coverage has dropped drastically, from 80 per cent to less than 46 per cent for all vaccines except polio. There has been an overall trend of declining net primary school enrolment and an increasing gender gap in the country. Net primary school enrolment for boys dropped from 60 per cent in 1995 to 58 per cent in 1999. For girls, the rate in the same period declined from 58 per cent to 53 per cent. Adult literacy rates are about 51 per cent for men and 36 per cent for women. Minor progress was made in access to safe water, which increased from 50 per cent in 1995/96 to 54 per cent in 1999. However, access to sanitation dropped from 57 per cent to 53 per cent. This worsening situation is attributed to several factors: the adverse political, economic and social environment between 1993 and 1998; poor planning; inadequate implementation; and a decrease in the quantity and quality of basic social services.

29. **Achievements**. Despite the adverse social and economic environment, the programme has achieved a number of noticeable results. At the national level, the health programme has supported the development of a new health policy, which is based on the Bamako Initiative and primary health care. As a result of advocacy, HIV/AIDS, harmful practices, and drug distribution and management are now recognized as priorities. Substantial progress towards polio eradication has been made. In the targeted Local Government Authorities (LGAs), the capacity of 23,028 health care workers was strengthened. The programme has equipped 3,080 service delivery sites and empowered 32 NGOs to develop strategic approaches to the provision of community-based health care. It supported a national conference on safe motherhood, linked to female genital mutilation (FMG), to raise awareness on women's reproductive rights and gender inequality. It advocated the adoption of a development policy framework for women's participation. The nutrition programme has assisted the Government in the formulation of national nutrition and breastfeeding policies. Other noticeable achievements are: an increase of more than 7 per cent in the practice of exclusive breastfeeding; reduction by more than 50 per cent in the prevalence of goitre; reduction by 11 per cent in vitamin A deficiency;

reduction in low birth weight from 20 per cent to 17 per cent; and reduction in the number of underweight children and stunting from 35 per cent to 31 per cent, and from 43 per cent to 34 per cent, respectively. Wasting among children has doubled, however, jumping from 8 per cent to 16 per cent.

30. The WES programme has provided safe water to 2.5 million people, a figure well beyond the programme's mid-term target. It has also supplied safe means of excreta disposal to more than 700,000 people, but this is less than the mid-term target. Steady progress has been made towards the eradication of Guinea worm disease, and in efforts to reach sustainability through adoption of appropriate technology and empowerment of communities in in-country production of required materials. It has built local capacity in management, operation and maintenance of WES investments. The basic education programme has increased girls' enrolment in primary school by 7 per cent in the 10 target northern states. It has improved primary school completion rates, established about 800 girl-child, non-formal education facilities in needy communities, and supported curriculum development. The urban basic services/children in especially difficult circumstances programme has supported the development of a new national urban policy. This programme has focused on the support of children in need of special protection and built 42,000 basic facilities for urban poor families. The planning, monitoring and evaluation programme, which supports decentralization, has developed local plans of action and promoted zonal situation assessments and analyses and a rights-based state programme of action in 36 states. It has supported the multiple indicator cluster survey (MICS2) and a 20/20 Initiative study, designed and developed a social data bank, and identified and developed 19 gender-specific indicators. The advocacy and communication programme has conducted thematic and regional studies on children's rights and has achieved an increase in participation of children and youth. It has strengthened partnership with other United Nations organizations for the promotion of girls' and women's needs and rights, such as the national NGO Technical Support Network, which supports disadvantaged girls and women in urban slums.

31. **Constraints and assessment of programme strategies: lessons learned**. The prolonged military rule, mismanagement of resources and violation of human rights have restricted the capacity to attract additional programme resources. The successful return to civilian rule, however, has renewed the interest of funding partners. The lack of government contributions for cash-assisted activities and for the management of supplies and logistics, and a weak audit and end-use monitoring of supplies, restricted the effectiveness of the implementation of the country programme. Some elements of the Basic Cooperation Agreement with the Government remain to be implemented and frequent setbacks due the rapid turnover of government focal points have disturbed the smooth hand-over of responsibilities. More congruence is needed among the four UNICEF and six government zonal structures. The UNICEF office/staff structure has not been synchronized with those of the Government and partners, especially in Abuja and at the zonal level. The assessment and monitoring of sustainability of the programme and the effectiveness of the relative contribution of the Government, UNICEF and other partners cannot be measured effectively, due to the lack of relevant indicators and systems or a clear definition of responsibilities.

32. **Country programme management plan**. UNICEF staff in Nigeria participated in a mid-term management review immediately following the MTR process. This review recommended that the staffing structure and profile be consolidated by establishing 20 new posts, nearly all national, in order to implement the much larger throughput of programme funding (an additional $15.4 million in regular resources for 2000-2001). This will also encourage programme partners to allocate more funding for children and women. Nevertheless, the proportion of staff costs to programme throughput remains the same. The staff presence in Abuja will be enhanced and monitoring and evaluation of human resources will be strengthened in zonal areas. Some changes in programme/projects were agreed to in order to create a more manageable overall structure following the conversion to PROMS. Hence, the two sectors — health and nutrition — will be managed as one programme. Urban basic services and children in need of special protection measures will be managed as projects rather than the present joint programme. The promotion of the rights of children and women will be incorporated with gender and development activities, as one project within the planning, monitoring and evaluation programme. UNICEF will also be in the forefront of developing a

CCA/UNDAF and working with the World Bank on a Comprehensive Development Framework.

Sao Tome and Principe

33. The 1999 MTR was the first held since cooperation began between the Government of Sao Tome and Principe and UNICEF in 1984. The review documentation compiled annual reviews (1997 and 1998), quarterly internal programme implementation reviews, annual reports (1997 and 1998) and the CCA.

34. **The situation of children and women**. Sao Tome and Principe ranks 124 out of 174 countries on the Human Development Index. Health conditions have not improved markedly over the three years prior to the MTR. Immunization coverage rates are high compared to the situation in sub-Saharan Africa, except for immunization against measles, which has declined to below 60 per cent. The nutritional status of children has worsened, as moderate and severe stunting have increased from 26 per cent to 33 per cent. Anaemia in pregnant women and vitamin A deficiency in children under five years of age are on the rise, while half of the population suffers from iodine deficiency disorders. In consequence, the IMR has increased from a record low of 51 per 1,000 live births in 1981 to 67 per 1,000. Malaria remains the primary killer disease of children. AIDS cases are on the rise due to lack of epidemiological controls on sexually transmitted diseases; insufficient promotion and distribution of condoms; and inadequate information dissemination to promote changes in behaviour and practice. Past achievements in education are hard to maintain, and primary school enrolment has begun to decline. Gender disparities, absent in early school years, widen after the fourth grade, particularly in rural areas. Classrooms are becoming more crowded, undermining learning performance, and only 16 per cent of children under the age of 6 attend crèches and kindergartens, although the demand is strong, even in rural areas. These deteriorating conditions in education are due to, *inter alia*, inadequate investment by the Government in education, prolonged strikes and arrears in payment of salaries. Access to safe drinking water is declining, and only 31 per cent of the population uses sanitary means of excreta disposal.

35. **Achievements and constraints**. The programme has supported the ongoing process of a comprehensive national health policy based on: decentralization; immunization, including NIDs; successful advocacy for legislation and control of salt iodization; the ratification of the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on Their Destruction; the procurement of essential drugs and school materials; the establishment of a system of monitoring of learning achievements for third grade children, as well as for hundreds of teachers; the establishment of a system of statistics in education; and vocational training for 230 out-of-school children.

36. Government support to the social sectors is inadequate, and owners of privatized plantations are not committed to keeping schools open. Despite UNICEF efforts, there is no national commission for children and youth in charge of reporting on the Convention on the Rights of the Child, promoting child rights and operationalizing the national plan of action.

37. **Assessment of programme strategies: lessons learned**. The establishment of a national health policy is expected to improve donor coordination and the leadership role of the Ministry of Health, which, in 1999, began to provide essential drugs. The MTR made a number of recommendations. First, there is a need for the Government to formulate sectoral policies and improve its coordination with UNICEF and NGOs. Second, the review approved the expansion of the Bamako Initiative to reach 50 per cent of the population by the end of the programme cycle. Given the very high prevalence of malaria, prevention and control should be introduced. Finally, a collaborative study with the International Labour Organization (ILO) on child labour was recommended.

38. **Country programme management plan**. The capacities of the UNICEF team were not commensurate with the country programme as originally designed. For example, there are no fixed-term posts for health and operations and approximately 40 per cent of staff members are contracted on a temporary basis. Therefore, fixed-term posts in health, operations and education are under consideration. In mid-1999, the Sao Tome and Principe office was integrated into the West Africa region. The 1997-2001 country programme is almost exclusively funded by regular resources. The programme was harmonized with the United Nations system in 1997, and the CAA was completed and transmitted to the Government.

Senegal

39. The MTR process was very participatory and involved high-level government authorities, members of Parliament, representatives of the United Nations system (ILO, WFP and WHO), civil society organizations and NGOs. It drew upon the 1998 annual review.

40. **The situation of children and women**. In comparison to economic development, social progress has been rather mixed in Senegal. The country ranks 154 out of 174 on the Human Development Index. Infant mortality is moderate (68 per 1,000 live births), and immunization coverage has been declining in recent years. For most vaccines, with the exception of polio which has 100 per cent coverage, fewer than 40 per cent of children were immunized in 1998. The prevalence of HIV/AIDS (1 per cent) is among the lowest in the region. Maternal mortality is about 510 per 100,000 live births. Only 9 per cent of households consume iodized salt, on average, but more than half of the population does so in regions where goitre is prevalent. Progress in education has been slow: only three children in four are enrolled in primary school. Girls' enrolment (58 per cent) lags by 15 percentage points behind that of boys.

41. **Achievements and constraints**. During the campaign against malaria, 12,000 bed-nets were distributed to about 300,000 people. In Goudiry, a small town located in the eastern region where goitre and malnutrition are very prevalent, the nutritional status of 1,100 malnourished children up to the age of three has been regularly monitored. About 80 per cent of these children have recovered from malnutrition. In the districts of Guediawaye (a suburb of Dakar) and Kolda, 1,446 women were sensitized to the health benefits of breastfeeding. With the support of the programme, 58 per cent of the salt produced in Senegal is now iodized. HIV/AIDS campaigns have reached diverse target groups, among them: 2,000 students in secondary and primary schools; 10,000 young people in civil associations; and 400 young girls. Still, much effort is needed to reach all planned targets. The gap between boys' and girls' enrolment has been reduced, but it remains very high (56 percentage points) in the region of Diourbel, where education coverage is the lowest. Programme achievements in literacy have been very weak: only 3,279 women in 83 villages have been enrolled in literacy programmes. Yet the WES programme has provided drinking water for 120,000 persons, no new cases of Guinea worm disease have been detected, and access to health care was made available to 20,000 schoolboys in Koranic schools, commonly called "talibés". The advocacy programme succeeded in convincing the Government to pass a law that bans FMG, and also supported the formulation of a national action plan on FGM eradication, in collaboration with the United Nations Development Fund for Women other United Nations organizations and NGOs.

42. The programme has been hampered by insufficient ownership by government partners; inadequate planning, especially in terms of formulation of objectives; weak strategies aimed at behavioural change; and lack of statistical data in the health sector. Poor management of vaccine provision has led to frequent depletion of stock. The national policy on universal salt iodization is still weakly implemented.

43. **Assessment of programme strategies: lessons learned**. It has been recommended that the number of projects and objectives of the country programme be scaled back. The health programme is now focusing on only two projects: one on immunization, salt iodization, maternal mortality and HIV/AIDS; and the second on the eradication of Guinea worm disease in rural areas. In urban areas, this project will concentrate on sanitation and environmental protection by working more closely with other partners of the United Nations system and with local communities. The education programme now contains two projects, mainly aimed at reaching an enrolment rate of 70 per cent, improving the quality of education and increasing girls' enrolment. The strategies of the project on children in need of special protection measures will adopt a child rights perspective, with a goal of reducing vulnerability of 400,000 of these children. The planning, monitoring and evaluation programme will support all of the country programme objectives. An emergency programme will be carried out in Casamance, and a new strategy on local development will be implemented to support communities in achieving the end-decade goals.

44. **Country programme management plan**. The new structure of the country programme comprises four areas — survival; development/protection/participation; representation; and coordination — with 10 projects and 7 country programme objectives. In total, for the years 1999-2001, programme funding is

estimated to be $34.3 million. Of this amount, 83 per cent is not yet available. The CCA and UNDAF documents were produced in 1999 with the participation of United Nations agencies, the International Monetary Fund and the World Bank.

Togo

45. Working groups for each sectoral programme were established to collect and analyse information for the MTR. The process was decentralized to the regional level, with support given by the UNICEF regional office and headquarters. Several NGOs and United Nations organizations participated in preparing the review.

46. **The situation of children and women**. IMR decreased between 1994 and 1997, from 83 per 1,000 live births to 80 per 1,000. In the same period, however, U5MR increased form 132 to 146 per 1,000 live births. Maternal mortality is estimated at about 480 per 100,000 live births, which is surprisingly low by regional standards. Immunization coverage is low — only 31 per cent of children have been completely immunized — and child malnutrition is high: 22 per cent of children aged 0-59 months are stunted. HIV prevalence is moderate (5 per cent of the general population), but is increasing rapidly; 53 per cent of households have access to safe drinking water and 49 per cent have access to sanitation. One adult woman in two and one adult man in four are illiterate. The net enrolment rate in primary school is 89 per cent for boys and 63 per cent for girls.

47. **Achievements and constraints**. Despite this difficult social and economic environment, the programme has achieved noticeable results in conjunction with partners. Measles prevalence has been reduced significantly and epidemics have become less and less frequent. Polio is nearly eradicated: only 2 cases were reported in 1998. Partnerships have been developed with 13 NGOs to help the programme improve child survival, protection and development. Vitamin A is regularly distributed in the northern part of the country, where deficiency is more common. As the national regulation banning the importation of non-iodized salt has been enforced, consumption of iodized salt has increased sharply, from 1 to 73 per cent between 1996 and 1998. The education programme has established 13 school canteens and 22 day-care centres; and 144 mothers and 1,550 members of school associations have been trained to run them. The programme has supported the training of 1,130 teachers and enrolled 16,680 children, 7,024 of whom are girls. Girls' enrolment increased to 30 per cent in some areas as a result of gender sensitive activities, including the creation of an informal group on girls' education. The programme on community capacity strengthening, which covers 207 villages, has contributed to empowering women, who account for 30 per cent of leaders in the village development committees and hold positions of responsibility in many of them. The capacity of government partners in planning, participation and social mobilization has been strengthened at the decentralized level in the programme intervention area. Efforts were made by the country programme to create an intersectoral committee to report on the Convention on the Elimination of All Forms of Discrimination against Women.

48. The first two years of the programme cycle were marked by very difficult social and economic conditions: withdrawal from the country of major bilateral donors, long delays in paying civil servants, political unrest, degradation of social infrastructures and an increase in poverty (35 per cent among the rural population). Therefore, the programme has been able to mobilize only 30 per cent of planned other resources.

49. **Assessment of programme strategies: lessons learned**. It has been determined that programme objectives are too ambitious and poorly formulated, and therefore need more precision and focus. As a cross-sectoral strategy, community participation, combined with capacity-building at the village level, has proven very useful in involving the population in micro planning. Because of increasing poverty and weak investments by the Government in the social sectors, service delivery remains the main focus of the programme.

50. **Country programme management plan**. The programme structure called for no change. To improve programme performance, however, the review recommended that a supply officer and a monitoring and evaluation officer be recruited. UNDP, UNFPA and UNICEF will harmonize their programme cycles in 2002 and the design of a national plan on poverty alleviation will form the basis of the CCA process, which will begin shortly.

Major country programme evaluations and other initiatives

51. **Regional trends in monitoring and evaluation**. In 1999, the regional office conducted an analysis of quality assurance indicators, and monitoring of these indicators has helped improve country programme performance. The regional office is developing a geographic database using HealthMapper to monitor the situation of children and women throughout the region, which will support country programmes in creating or further developing decentralized planning and monitoring systems. A large number of studies were carried out, and a number of evaluations were undertaken, some of which are summarized below.

Major evaluations

52. **Equity in access to health care in Abidjan, Côte d'Ivoire**. This study, conducted by *L'Office de la recherche scientifique et technique d'outre mer, Coopération française* and UNICEF, examined the demand for heath care in all socio-economic categories in Abidjan in order to identify factors that could be supported by policy makers. A study that surveyed 4,321 households found that the cost of medical procedures and drugs, as well as the quality of heath care, discourages patients from visiting health care providers. Two other variables, time spent in waiting before being examined and the type of reception given patients, also affect whether a patient chooses to see a health care provider. Distance to health care facilities is also a factor; patients are very likely to choose the closest health care providers, all else being equal. Demand for health care is slightly elastic with respect to the examined health supply determinants: price elasticity does not change across different socio-economic strata. This is not to say, however, that an increase in heath prices would not have a downward effect on demand for heath care. It appears that improving the quality of heath care through lowering costs, placing health facilities close to populations, and establishing insurance or mutual fund schemes are determinants of health supply that policy makers can promote to improve access to health care for all socio-economic strata of the population.

53. **Review of Bamako Initiative implementation in Africa**. In a meeting held in Bamako 12 years after the strategy was launched, 22 of the 44 participating countries made a presentation on their experience in implementing the Initiative. The main conclusions of the review were as follows: (a) the expansion of the Bamako Initiative faces problems of geographic accessibility, shortage of human resources and weak motivation of health workers; (b) the complex emergency situations in several countries in the region seriously undermine the ability to expand the Initiative; (c) minimal political and economic stability is necessary; and (d) the inclusion of projects that are not components of the strategy wastes resources, a particular problem in countries with very limited resources. The review recommended that new strategic health priorities be taken into consideration in adapting the Bamako Initiative to the development of health systems and services in each country.

54. The adaptation process of the Bamako Initiative is a response to the need for change in the way health services are organized and managed, health care is provided, resources are allocated, and the health system is funded. Modalities and quality of community participation and ownership by individuals and families were extensively reviewed during the meeting, based on specific country experiences. It appears that taking into account the rights of individuals to health and respecting patients' dignity take a great deal of time and require multiple and complementary approaches. The review recommended that public health services be extended to the private sector, especially to the non-profit private sector, to help extend health coverage.

55. **Evaluation of food security programme in Niger**. Food shortages affect 64 per cent of the population of Niger. To insure food security, the Government and UNICEF launched an integrated programme in the Maradi region. In a study carried out to evaluate the programme three years after it was launched, a random sample was carried out of 343 households in 11 villages in the programme area, and 12 villages in the control area. Information on farm yields, supplies of cereals, sale of crops, food assistance and women's contribution to farm production was collected from key informants and heads of households through the use of questionnaires. The main findings of the evaluation were as follows: (a) 40 per cent of households have a daily per capita intake of less than 1,500 kilocalaries, on average, and therefore are in need for assistance, despite the exceptionally good harvest of 1998/99; (b) 33 per cent of households in the control area were found to be very

vulnerable to food shortages, which were twice as high as in the program area; (c) cereal farming and women's farm work are among the most important determinants of food security (a finding that is consistent with the rationale of the programme to target women); and (d) income-generating activities, especially small-scale trade, are used to improve food security in the programme area. Large household size and overall poor management of the harvest, however, have aggravated food shortages in the programme area. The study recommended, therefore, that agricultural equipment be provided to the population at local shops. and that training in management be given to programme beneficiaries.

56. **Evaluation of the early childhood care and development (ECCD) training programme at Gambia College**. In the Gambia, the rapid expansion of ECCD has led to an increase in the number of establishments and number of children enrolled in various programmes country-wide; enrolment increased by 49.6 per cent in 1999. A major step in this direction was the establishment of the ECCD training programme that leads to certification. The Department of Education, in collaboration with UNICEF, mandated the Gambia College to organize the 36-week course, which upgrades the knowledge, skills and competencies of ECCD personnel. At the conclusion of the course, a consultant was contracted to evaluate its relevance, appropriateness and effectiveness and to make recommendations for future training. Review of the materials, on-site visits and interviews were conducted with the trainees, tutors and major stakeholders. Results concluded that the 300 trainees who registered for the course were as varied as the ECCD establishments. Qualifications and educational backgrounds of participants varied widely. There were 10 training modules covering, *inter alia*, comparative and historical perspectives of ECCD, human development, rights and responsibilities of the child, sensitivity training, communication skills, and production of learning materials. Gaps in the curriculum included lack of: safety in and around the centres; abuse and violence prevention; gender sensitization and awareness; physical education and fitness; cultural subjects (music and religious studies); and use of national languages.

57. There is much evidence, however, that the programme brought about a positive change in attitudes among the graduates. Awareness has been created and output improved through increased knowledge and skills on child rights, survival and growth. More child-centred methodologies are now being used and record-keeping has improved. The potential exists for a continuation of the training programme and for its institutionalization in the Gambia College Teacher Education programme. There are about 747 potential candidates in the various cadres of the ECCD subsector. It is recommended that a Standardization Committee take stock of the various training programmes that have been carried out and formulate a policy to regulate the situation. The course for caregivers, for example, trains persons in the system who do not have the qualifications to allow them to benefit from an academically based training programme. These individuals play an important role in caregiving and in centre/school/community activities. The fact that they are able to find paid employment in their localities motivates communities that were reluctant to send their children to school, because they felt the education would not lead to paid local employment. A training programme would greatly enhance their effectiveness. UNICEF will continue to be the main source of support, but counterpart contributions are important to ensure sustainability. The potential exists within the country, and with the involvement of all the stakeholders strategies can be used to access all interest groups. There is need to expand the vision and scope to encompass "early childhood care for survival, growth and development".

Conclusion

58. Almost all MTRs in the region concluded that meeting programme objectives has been a challenge, given national planning and implementation capacities and available financial resources. This suggests that more efforts should be made when setting country programme objectives. The reviews noted that some programmes lack geographic focus or do not concentrate enough on specific interventions. Recommendations were made to correct these weaknesses in order to maximize the impact of programme interventions. The reviews have shown that ownership of country programmes by Governments has gained momentum in several countries, but is weak in others. Participation of government partners, the United Nations system, NGOs, civil society and communities is also on the rise Advocacy is increasingly used to promote the rights of girls and

women, but gaps persist between national laws, practices and the Convention on the Elimination of All Forms of Discrimination against Women. As these programmes were designed in 1997, when the rights-based approach was being introduced, the MTRs provided an opportunity to adopt and strengthen the new approach. CCAs, an essential first step for the preparation of UNDAFs, have been produced in most countries. Finally, it is worth noting that programme interventions have helped raise awareness of Governments, the population and the international community of threats posed by HIV/AIDS, poverty and political instability to improving the situation of the region's children and women. Indeed, these threats are so serious that they are already undermining all prospects of development in the region.

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Summary of mid-term reviews and major evaluations of country programmes

Americas and the Caribbean region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, *inter alia*, the results achieved, lessons learned and the need for any adjustment in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in the present report were conducted during 1999.

Introduction

1. This report summarizes the 1999 mid-term reviews (MTRs) of the country programmes for Argentina, Belize, Chile, Costa Rica, Cuba, the Dominican Republic, El Salvador, Guatemala, Jamaica, Nicaragua, Panama and Uruguay. The MTRs represent a review of half of the cooperation programmes in the region, and are the first reviews to assess country programmes based on a child rights strategy. This report also describes a sample of evaluations carried out during the year.

Country mid-term reviews

Argentina

2. Argentina is the leading programme of the Southern Cone area office, which also includes Chile and Uruguay. Each of the three countries conducted an MTR, based on a common business plan, whose goal is the development of programmes financed by locally raised funds. The MTR for Argentina was held in September 1999, following several months of consultations with government authorities at national,

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provincial and municipal levels. This review process led to summary discussions — within UNICEF and with the Government — on the evolving role of UNICEF in a middle-income "country in transition". In Argentina, as well as in the other two countries, there were changes in government shortly after the completion of the MTR process.

3. **The situation of children and women**. The Argentinean economy has grown by 35 per cent since 1990. A present, annual per capita income is approximately $9,000, more than twice the average for other countries in Latin America and the Caribbean. However, the 1998/99 world financial crisis had a strong impact on the economy, causing per capita gross domestic product (GDP) to fall by 4.5 per cent during 1999. This affected the public deficit and may eventually lead to a reduction in expenditures on social services.

4. Argentina has already achieved, or is en route to achieving, many of the goals of the World Summit for Children. The under-five mortality rate (U5MR) declined from 29 per 1,000 live births in 1990 to 22 per 1,000 in 1998. Net primary school enrolment is relatively high, at 95 per cent for both boys and girls. Nonetheless, these achievements have not benefited all children equally; there are vast disparities in social indicators among children from different income groups. Child labour has become a major issue in Argentina, affecting approximately 250,000 children under the age of 14. Official statistics grossly underestimate many forms of child labour, particularly in rural areas. Poverty is persistent and widespread, affecting one third of the population and approximately 45 per cent of all children. One of the most important structural causes of poverty is growing income inequality. At present, the poorest 40 per cent of the population receive less than 15 per cent of total income.

5. **Achievements and constraints**. The programme was instrumental in promoting legislative, judicial and institutional reform in several provinces, in line with the Convention on the Rights of the Child. The Baby-Friendly Hospital Initiative (BFHI) has continued to expand, with 26 hospitals certified as baby-friendly under a very rigorous process. Ten per cent of all births in Argentina now take place in baby-friendly institutions. Anaemia prevalence, affecting 65 per cent of children under the age of two, and 33 per cent of pregnant women, is recognized by the Buenos Aires provincial government as a major health issue and is being addressed. A UNICEF-promoted methodology for monitoring and auditing infant mortality has served as a basis for improved health care practices in three jurisdictions, leading to notable declines in infant mortality, which has encouraged other districts to adopt the new methodology. Water supply and sanitation projects have served as models for the design and implementation of projects in several provinces. UNICEF has drawn national attention to child labour and encouraged the formulation of a national labour pact calling for concerted action. However, fiscal and administrative difficulties of federal and provincial governments have been an important constraint in carrying out legal and institutional reforms to comply with the Convention on the Rights of the Child. Insufficient public health expenditures and varying levels of available financial and technical resources at the provincial and municipal levels have led to low-quality public health services.

6. **Assessment of programme strategies: lessons learned**. In the current cycle of cooperation, UNICEF has focused its interventions in the provinces of Mendoza and Chaco, and in the municipality of Mendoza. The review concluded that although the range of project interventions represents an improvement in focus over the previous programme cycle, it is still too broad for effective management by a small office. While the visibility provided by service-delivery projects has undoubtedly contributed to the popular image of UNICEF in Argentina — and the development of a strong local donor base — such projects have little effect on the broader social changes required to influence the current and future situation of large numbers of children. Hence, the programme will give greater attention to issues that are fundamental for children's social inclusion, such as education, justice, violence against children and women, social welfare services and child labour.

7. Activities in legal reform were considered very successful. At minimal financial cost, the organization has become the principal advocate for child rights and a source of technical advice in this area. The programme has managed to open a non-partisan political debate the issue. Successful projects in institutional reform, decentralization of social services, auditing of infant mortality, skills training for adolescents, and reduction of child labour will be replicated in other localities.

8. Although the original programme structure was intended to foster integrated programme interventions, sectoral perspectives have persisted in much of UNICEF cooperation. While the structure as set forth in the country programme remains unchanged, it will be streamlined to integrate the rights approach into all areas and to include information and communication components, as well as fund-raising and programme strategies, in a mutually reinforcing way. Clear emphasis will be placed on mobilizing the Government and civil society to systematically apply financial, organizational and human resources to child rights issues. The review process also concluded that closer coordination with the national Government in programme activities is necessary.

9. **Country programme management plan**. The gradual reduction in general resources and the evolving programme profile of UNICEF in Argentina have led to changes in programme management. New staffing mechanisms need to be developed if UNICEF is to carry out its mission. Sharing of technical and operational resources among the three Southern Cone countries was deemed appropriate and should be continued. Within the office, the coherence and complementarity of programme communications, information and fund-raising strategies must be strengthened.

Belize

10. Planning for the MTR in Belize began in January 1999. From the outset, a government team headed by the Permanent Secretary of the Ministry of Human Development, Women and Youth worked with the UNICEF assistant representative and operations officer to plan and organize the MTR process. The Government took the lead in arranging and chairing all preparatory meetings at the political and technical levels. The Prime Minister addressed the MTR meeting on the role of the United Nations in Belize beyond the year 2000. The Children's Advisory Committee to UNICEF, a 12-member body which meets regularly with UNICEF staff, nominated 2 representatives to take part in the process.

11. The methodology included a series of technical meetings with partners to review achievements and constraints; a one-and-a-half day meeting to review policy, strategy and process; and a one-day meeting for visiting UNICEF officials to discuss the technical details of the programme in a more in-depth fashion with partners. Time was allotted for a round-table discussion about the future role and operational situation of UNCIEF in Belize. A post-review planning meeting was also held, to ensure appropriate follow-through.

12. **The situation of children and women**. The economy, which is vulnerable in its heavy reliance on agricultural goods for export, suffered a serious slowdown in 1998 due to difficulties in the sugar cane harvest and unfavourable conditions in the international citrus and banana markets. As a result, the trade deficit increased substantially and unemployment soared to 14.3 per cent. The Human Development Index ranks Belize below Costa Rica, Mexico and Panama, and above El Salvador, Guatemala, Honduras and Nicaragua. Although substantial gains have been made in reducing infant mortality and in increasing access to primary education, poverty affects one third of the population and there are vast inequalities in income distribution and in access to basic social services. Malnutrition among children prevails in some geographic areas, breastfeeding practice is low, and there are increasing levels of violence, crime and drug abuse among youth. Maternal mortality has increased slightly over the past few years, and coverage and quality of water and sanitation services remain low, particularly in the rural sector. Adolescent pregnancies and the spread of HIV/AIDS are among the most serious problems affecting children, adolescents and women in Belize.

13. **Achievements and constraints**. Over recent years, there has been substantial progress in launching an inter-ministerial committee to select which social indicators are monitored. A 1996 statistical profile has been published, and further profiles for 1997 and 1998 will be completed early next year. Sectoral monitoring systems are well developed in some cases (health), nearly non-existent in others (housing, water and environmental sanitation (WES)), and designed but poorly executed in yet others (education). Overall, there is a need for training of staff in certain ministries on, *inter alia*, database design and data collection. The Central Statistical Office is currently short-staffed and cannot offer the technical support needed, including monitoring of the UNICEF country programme.

14. Counterparts are satisfied with the type and quality of UNICEF assistance, and new approaches to resolving nationally important issues are being

developed. This is true in projects as divergent as the family court/family service project, community and parent empowerment, and other area-based work, and extends to the local non-governmental organization (NGO) community, with which the Government cooperates closely. Main constraints include tentative and ill-defined programme monitoring, and capacity issues that limit expansion.

15. The community and parent empowerment programme was slow to develop because of the many partners involved; as a result, however, there is strong commitment from all those participating. The Integrated School Health Initiative has also been slow to develop because of the complexity inherent in the programme. However, the integrated nature of the programme, bringing a number of government departments and NGOs together, has been a very positive factor.

16. Success has been achieved in promotion of legal and institutional reform, including: the drafting of a Children's Act; the passing of regulations for reporting child abuse; the ratification of the International Labour Organization Convention Concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour; and the preparation of draft regulations on fostering and adoption procedures, and on increasing the age of criminal responsibility from 7 to 9. Extensive consultations were a key to much of this success, and efforts were made to inform both the Government and the opposition about country programme goals to ensure continuity. With legal reform, as with other aspects of the programme, the UNICEF strategy of having no direct involvement in implementation has led to total ownership of the programme by the Government.

17. **Assessment of programme strategies: lessons learned**. The MTR endorsed the country programme, which is fully in tune with the UNICEF medium-term plan, the emerging issues and future action for children, and the child rights approach. Major highlights include social policy development and sustainability; legal and institutional reform; early childhood care for survival, growth and development; and community and parent empowerment. Further progress in these areas will depend on well-defined policies and programme strategies, with all partners working together in an environment of mutual respect. The MTR identified the following focus areas for future UNICEF cooperation: developing a comprehensive social sector database; stemming the HIV/AIDS epidemic; developing programmes for adolescents; and strengthening the role of men in the family. The future role of UNICEF was recognized as that of monitor of the situation of children vis-à-vis their rights, advocacy and lobbying; and as a networker of information.

18. **Country programme management plan**. Increasingly, the thrust of the country programme is advocacy and lobbying for children's rights — an issue that cuts across sectoral ministries and the government-NGO divide. UNICEF support for technical aspects of sectoral programmes will be phased out by the end of the programme cycle in December 2001. In the next country programme, changes will be implemented as a result of United Nations reform and the Common Country Assessment (CCA)/United Nations Development Assistance Framework (UNDAF) process. In addition, the participation of children and young people in all aspects of the country programme will be maintained and strengthened.

Chile

19. The MTR was coordinated by the Ministry of Foreign Affairs and the Ministry of Planning and Cooperation. During the six-month process, committees of the Ministries of Justice, Education, Labour and Planning, as well as NGOs and United Nations agencies, reviewed sectoral programmes and projects. At the regional and local levels, the review involved local partners and members of civil society. The legal reform project was subject to an external evaluation. The conclusions of these sectoral and local review exercises were discussed during two review meetings in September 1999 with the coordinating ministries and the National Agency for International Cooperation.

20. **The situation of children and women**. Between 1990 and 1997, Chile's economy grew at an average annual rate of 7.8 per cent. At present, Chile boasts one of the region's highest per capita income ($5,260, versus the regional average of approximately $3,500). However, the effects of the Asian financial crisis on Chile's economy during 1999 brought into question the validity of the current development model. Although poverty dropped from over 40 per cent to only 22 per cent in 1998, poverty reduction rates slowed during 1999 and growing inequality remains a fundamental

problem. In 1998, the richest 20 per cent of the population received 57.3 per cent of the country's income, while the poorest 20 per cent received only 3.7 per cent.

21. Infant and child mortality rates are below 10 and 12 per 1,000 live births, respectively, and maternal mortality is 23 per 100,000 live births. The spread of HIV/AIDS remains under control and policies are in place to screen at-risk mothers and limit vertical transmission. Malnutrition among children has been eradicated, and approximately 45 per cent of all newborns are breastfed exclusively until sixth months of age.

22. Government spending on education has more than doubled since 1990. Access to basic education is near universal and high school enrolment is nearly 87 per cent. National averages, however, hide important inequities within and between regions. Child labour, violence against children, insufficient attention to adolescent health and participation, and the existing judicial system are major issues affecting children and adolescents.

23. **Achievements and constraints**. The country programme has played a crucial role in promoting and supporting processes leading to legal reform. Over the last two years, laws have been passed in: prohibition of imprisonment of children under 18 in adult prisons; abolition of distinctions between children born in and out of wedlock; regulation of adoption; and penalization of child abuse. Laws on family courts, subsidies to child care institutions, and adolescent penal responsibility are under discussion within the Ministry of Justice and Parliament. As a result of UNICEF-promoted activities, several fundamental issues affecting children and adolescents are being addressed, including child labour and the underlying causes of persistent inequalities in the education system.

24. The programme has been instrumental in informing and sensitizing families, the private sector and the mass media to the need to eliminate violence against children. UNICEF has promoted children's participation through the implementation of opinion polls with children and adolescents on such issues as child rights, education, intra-family relations and child-rearing practices. Following joint efforts between UNICEF, the Ministry of Health and the Catholic University, exclusive breastfeeding for the first six months increased from 4.5 per cent in late 1980s to over 45 per cent today.

25. **Assessment of programme strategies: lessons learned**. The MTR reiterated the overall strategic thrust as reflected in the country programme recommendation, which emphasized a mix of policy dialogue, advocacy, capacity-building and empowerment. However, as a result of the in-depth analysis of the role of UNICEF in Chile, the objectives, and to some extent the programme strategies, will be adjusted. In particular, the programme will be shifted to further mobilize the Government and civil society in favour of child rights and support to capacity-building in key public and private institutions that deal with children's issues. The programme will also focus on empowering families, children and adolescents to claim their rights; and on gradually ensuring that public policies integrate a child rights approach.

26. Rather than supporting selected poor municipalities through interventions targeting children, the second half of the programme will concentrate on the legal, institutional and programmatic reforms necessary to ensure that all children are able to exercise their rights. This will include a specific strategy to promote adolescent participation. The MTR concluded that the programme's social communication and media component should contribute to cultural change through substantive messages with strong technical and legal content.

27. **Country programme management plan**. As stipulated in Executive Board decision 1997/18, "Modified system for allocation of general resources for programmes" (E/ICEF/1997/12/Rev.1), general resources for Chile are to be gradually reduced and the role of UNICEF in the country reassessed. This obliges office management to mobilize highly qualified staff capable of initiating and participating in policy dialogue and legal and institutional reform. Given that existing contracting and staffing modalities are not adequate to face these challenges, the Chile office has designed a business plan that will allow the establishment of a programme financed by funds raised locally.

Costa Rica

28. The MTR for Costa Rica was initiated in 1998 and concluded in August 1999. The aim of this long

process was to facilitate involvement of the new government authorities in the country programme and to develop, through consensus, a focus on a rights-based approach and the operationalization of recently approved legislation for children and adolescents. In December 1998, UNICEF formed a Country Commission to guide the MTR process. The Commission comprised representatives from the Directorate of International Cooperation at the Ministry of Foreign Relations, the Division of Project Planning and Follow-up at the Office of the First Lady, the legal advisory body of the Presidential House, the Chancellor's Office at the University of Costa Rica, the Technical Secretariat of the National Council on Children and Adolescents, the Union of Private Institutions that Attend to Children, the Directorate of the Triangle of Solidarity Programme, and the municipalities of Puriscal and San José. From this group, a technical team was formed, including two government and two UNICEF representatives and a consultant hired to serve as general coordinator of the process. Ten workshops were held with different groups of counterparts (local authorities, United Nations agencies, and children and adolescents), through which the Master Plan of Operations (MPO) was formulated. The First Lady attended the closing ceremony, signing the final document on behalf of the Government. The process was designed to include the maximum participation of UNICEF counterparts. The success of the process has encouraged the continuation of the Country Commissions as a regular advisory body to the country programme.

29. **The situation of children and women**. Costa Rica is the only Central American country ranked in the high development group by the Human Development Index. With life expectancy of 76 and an adult literacy rate of 95 per cent, it is among the few countries in Latin America that have made substantial improvements in the living conditions of its population. Costa Rica has met the majority of the goals of the World Summit for Children, particularly those related to health and education. At present, the infant mortality rate (IMR) of 14.2 per 1,000 live births is among the lowest in the region and is one tenth the figure recorded in 1940. Approximately 85 per cent of all children under the age of one are immunized, trained personnel attend 98 per cent of all births, and only 6.6 per cent of newborns weigh less than 2,500 grams. Legal and institutional reform to comply with the Convention on the Rights of the Child is well under way. Poverty rates decreased from 31.9 per cent in 1991 to 19.7 per cent in 1998. If present trends continue, poverty will be reduced to 16 per cent in 2001. Nonetheless, inequalities in income distribution have continued to grow over the past years.

30. In spite of progress achieved in many fields, several problems persist and new ones have emerged. Maternal mortality has increased significantly over the past few years; the percentage of children and adolescents under 15 who work rose from 7.8 per cent in 1995 to 9 per cent in 1998; and violence against women and children and sexual commercial exploitation appear to be on the rise.

31. **Achievements and constraints**. The country programme has been sharpening its focus and a new organizational structure has been designed. This structure, which has been in existence under a year, consists of defining four coordinating counterparts and their implementing and fund-administering partners. It has led to greater transparency and participation in defining priorities and to greater coordination among the various entities.

32. As part of its work to implement the Child and Adolescent Code, Costa Rica has formed the National Council on Children and Adolescents. This body, along with the Local Protection Boards and Tutelary Committees, is working to ensure the effective operation of the National Comprehensive Protection System. UNICEF has lent its support to strengthening the system at both the national and local levels.

33. **Assessment of programme strategies: lessons learned**. The MTR was a highly participatory process, helping the country take ownership of the programme. MTR recommendations suggested strengthening progress through national and local public policy formulation; knowledge acquisition (particularly in implementing a child rights approach); permanent monitoring of the situation of children; promotion of a culture based on rights; horizontal cooperation with other countries of the region; support to regional initiatives for the training of human resources; and support to resource mobilization for local and national policies on child and adolescent rights.

34. The MTR highlighted areas where the country office has a comparative advantage in child and adolescent rights, including its level of specialization and technical capacity, which allow it to generate and disseminate knowledge to promote understanding and

create awareness and sensitivity of the problems. Its credibility and autonomy have enabled it to bring actors together and to mobilize them in order to strengthen the institutional mechanisms governing social coordination and to develop agreements among actors. Another lesson learned from the MTR is that counterparts expect leadership from UNICEF in the area of rights, at the international, national, sectoral and local levels.

35. **Country programme management plan**. The MTR helped clarify the means and approach of UNICEF support and served as a guide for the country programme with regard to formulating policies on the comprehensive protection of rights, and the means to monitor and enforce those rights. This approach has helped in converting the office into a forum for a more systematic evaluation of the implications and demands of the rights-based approach.

36. There is now a broader definition of the office's role in technical support, and in the formulation of agreements with counterparts that can serve as a base for making actions sustainable. The achievements and limitations in programming, as well as in the financial and administrative execution by counterparts, have been highlighted. It was noted that there is a need for training, monitoring and evaluation, and the design of basic and simple instruments to strengthen programme coordination and execution within the office and in relation to counterparts. Finally, roles and responsibilities of country office staff have been redefined.

Cuba

37. Starting in December 1998, three major meetings were held, during which participants reached consensus on several issues concerning the programme of cooperation. An internal UNICEF workshop led to revisions in financial and operational implementation. MTR participants included ministerial counterparts at the highest level, other United Nations agencies, UNICEF personnel from other country offices in Latin America and the Caribbean, and children and adolescents belonging to different local organizations. The latter provided UNICEF with insights into a range of viewpoints on the organization's work in Cuba.

38. **The situation of children and women**. Cuba has made continuous efforts to maintain and improve the status of children, and has achieved two thirds of the World Summit for Children goals. Substantial progress has been made in improving children's health and nutritional conditions: immunization levels are at 98 per cent; neonatal tetanus and polio have been eradicated; measles cases and deaths have dropped to zero; use of oral rehydration therapy is at 85 per cent; all target hospitals have been declared mother- and baby-friendly; and the malnutrition rate for children under the age of one is 1.1 per cent. Similarly, goals in education have largely been met, although reduction in maternal mortality has yet to be achieved.

39. **Achievements and constraints**. The country programme has recorded several important achievements in health, nutrition, education and safe water and sanitation. The health programme focused on supporting the consolidation of government-sponsored primary health care services, and on educating communities to create healthful habits and to prevent sickness and disease. UNICEF interventions, including community and family participation as a major component, have yielded very positive results. Progress in health and nutrition indicators is impressive. Country programme support to activities in water supply and sanitation resulted in increased access to these services in rural and peri-urban areas. UNICEF has simultaneously supported education on hygiene practices among school children, as well as in communities.

40. Other achievements include the broadened scope of the non-formal early education programme, "Educate your Child". Through participatory, intersectoral strategies, the programme has expanded to reach 70 per cent of all children under the age of six. The success of this programme has encouraged its replication in other Latin American and Caribbean countries. Similarly, a UNICEF-supported programme on life skills now reaches the entire Cuban population.

41. **Assessment of programme strategies: lessons learned**. The review process concluded that programme objectives will remain valid in the coming years. Several adjustments will be made, however, to include new activities aimed at supporting the family and promoting the participation of children and adolescents. Another recommendation is the need to strengthen joint activities with other United Nations agencies. Specifically, UNICEF should participate in the Pan-American Health Organization (PAHO) municipal development initiative and work jointly with

the World Food Programme (WFP) on household food security programme.

42. **Country programme management plan**. Reviews concluded that programme objectives and strategies will continue to be valid for the remainder of the country programme. However, during the next biennium, the programme will include new activities as recommended by the MTR and will seek to strengthen links with other United Nations agencies.

Dominican Republic

43. The MTR process in the Dominican Republic included 13 meetings attended by 460 participants. The process was launched in May 1999 with a high-level meeting chaired by the main government counterpart, the National Planning Office (ONAPLAN), and attended by ministers, vice-ministers and heads of United Nations agencies and the Inter-American Development Bank (IDB). The meeting secured commitments from government counterparts at the sectoral level. Projects staff also held meetings with their sectoral counterparts. In July, recommendations from the review process were shared, and progress towards the achievement of World Summit for Children goals was reviewed. The final MTR meeting was held in August 1999.

44. **The situation of children and women**. The economy of the Dominican Republic has been growing over the past few years; in 1999, per capita income grew by 5.3 per cent. However, economic prosperity has not benefited all population groups: unequal income distribution contributes to the persistence of widespread poverty. On average, only 6.8 per cent of government spending and 2.9 per cent of international technical cooperation is allocated to basic social services.

45. The IMR is 43 per 1,000 live births, well above the regional average of 32 per 1,000 live births. Only 54 per cent of the rural population has access to safe water and 73 per cent has access to sanitation. Net primary school enrolment is approximately 80 per cent. HIV/AIDS, child abuse, domestic violence, commercial trafficking and sexual exploitation of children are major problems affecting children and adolescents.

46. **Achievements and constraints**. There have been significant advances in the social policy and information project, and the number of Provincial Information and Statistics Offices has been expanded to cover 24 of the 30 provinces nationwide. Eighteen municipalities have been incorporated into the Child-Friendly Municipality initiative, with a commitment gradually to allocate 20 per cent of their investment budget to basic social services, as a local application of the 20/20 Initiative.

47. Legal and institutional reform, in compliance with the Convention on the Rights of the Child, has advanced considerably recently. A new Code for the Protection of Children and Adolescents has been implemented, and specialized tribunals and courts for children have been created. Provincial Action Plans for Children are being implemented in nine provinces and drafted in four others. The education sector has seen the expansion of Multi-grade Innovative Schools and the pilot implementation of early childhood development strategies for children under five in five locations throughout the country.

48. **Assessment of programme strategies: lessons learned**. The vast majority of MTR recommendations fall into the following categories: inter-institutional coordination; capacity-building; programmatic implementation of the rights of the child; monitoring and evaluation; the use of information as an instrument for social mobilization; gender equality as a cross-cutting concern; and prevention of the sexual exploitation of children and adolescents. Additional recommendations from internal discussions include: (a) the creation of a project aimed at providing basic social services in a decentralized fashion, as a strategy to accelerate the achievement of the World Summit goals (funding is already available from the United States Committee for UNICEF); (b) the establishment of two new posts, and the retooling of a third, to support the new project; (c) strengthening of coordination within the office; (d) fine-tuning of a monitoring and evaluation system; (e) increased use of the Programme Management System (PROMS) as a planning and monitoring instrument; and (f) provision of technical support in the definition of a private sector fund-raising strategy.

49. **Country programme management plan**. A major change instituted following the MTR was the creation of a new project for decentralization/ provincial action plans in favour of children, which has received financial commitment from the United States Committee for UNICEF. One national officer post in

nutrition will be abolished and a post in decentralization will be created at the same level. Efforts in the coming year will address the formulation of a new country programme for 2002-2007, with the completion of a situation analysis and support to the multiple indicator cluster survey (MICS) to assess progress towards the goals for the year 2000.

El Salvador

50. The MTR process involved a situation analysis; a national opinion survey; 11 thematic evaluation workshops; and two in-depth evaluations of the maternal and child health and nutrition subprogramme and the local defenders of child rights subprogramme. It also included the involvement of children and adolescents. The process greatly enhanced UNICEF positioning vis-à-vis the newly elected Government, as well as other counterparts, civil society organizations, NGO networks, the church, the mass media and the United Nations system.

51. **The situation of children and women**. Over the past three years, economic growth in El Salvador declined from 7 per cent to 2 per cent, and austerity policies have negatively affected coverage of basic social services. Approximately 45 per cent of families are poor, and women and children constitute a disproportionately high ratio. Poverty rates are higher in rural areas, but disparities are worse among urban population groups.

52. Throughout the 1990s, important improvements in the living conditions of children and adolescents were made, including increased immunization levels, a lower incidence of micronutrient deficiencies, and greater access to safe water and sanitation. Nonetheless, problems affecting children and adolescents continue, among them, physical and psychological violence; child labour; lack of healthy home environments, schools, workplaces and neighbourhoods; low levels of child rights awareness; high levels of malnutrition; teenage pregnancy; and maternal mortality. Although the Convention of the Rights of the Child was ratified in 1990, a large percentage of policy makers and families maintain a paternalistic and repressive attitude towards children and adolescents.

53. **Achievements and constraints**. The country programme has played an important role in promoting and supporting processes leading to sectoral achievements in health, nutrition and safe water supply and sanitation. UNICEF support to basic services was concentrated in municipalities with large numbers of displaced persons and high poverty rates. As a consequence of Hurricane Mitch, the programme had to expand its scope to provide services, including psychosocial rehabilitation, to the affected population. Other achievements of the country programme include the attainment of a high level of credibility and the positioning of UNICEF as an authority on child rights. This has contributed to structural change at the legal, political and institutional levels, including juvenile justice and intra-family violence, but also municipal development, maternal and child health, and water supply and sanitation.

54. The main constraints encountered include government weakness in monitoring of goals and serious limitations in access to disaggregated data. Other obstacles relate to the lack of a strategic vision in the country programme, which led to missed opportunities for synergy. The MTR also concluded that the country programme goals were too broad, given UNICEF capabilities in the country, and were not separated from overall counterpart objectives.

55. **Assessment of programme strategies: lessons learned**. During the MTR, programme aims were redirected towards the promotion and support of a comprehensive national system for the care of children, adolescents and women. Concrete results at the local level must be systematized in order to influence policy formulation at the national level. This new thrust constitutes a key element of the government objective of combating poverty and is an opportunity to expand programmatic integration within the United Nations system.

56. **Country programme management plan**. Reviews concluded that programme objectives and strategies will continue to be valid. However, during the coming years, the programme will adopt a more focused and strategic approach in order to maximize synergies resulting from integrated activities in specific geographic areas.

Guatemala

57. Several external evaluations of the seven country programme projects, carried out with the participation

of technical counterparts, provided the basis for the MTR. During this process, the situation analysis of children and women was updated and a document containing the conclusions and proposed country programme orientation was prepared. Consultations were held with the Secretariat of Planning and other government ministers. At the same time, experts from different sectors were invited to comment on the situation analysis, the factors that negatively affect children, and other relevant issues.

58. **The situation of children and women**. Economic growth in Guatemala has been positive, in spite of the 1998/99 international financial crisis and the effects of Hurricane Mitch and subsequent tropical storms. Yet Guatemala faces many challenges in the economic and social arena: per capita income is approximately $1,580, and 54 per cent of the urban population lives in poverty. The poorest 40 per cent receive 8 per cent of the country's total income, and living conditions of indigenous populations are significantly below average.

59. Hurricane Mitch struck in late 1998 and severely affected low-income populations living in the northern and eastern areas of the country. Nearly one million peasants saw their living conditions further deteriorate due to damage to their productive assets, destruction of raw production materials, or loss of rural employment sources. According to the 1999 *Human Development Report*, damages caused by Mitch amounted to $737.3 million.

60. Since the peace agreements of December 1996, Guatemala has been struggling to consolidate democracy and create a culture of tolerance. Peace accord commitments included constitutional amendments to 50 articles that refer to the rights of indigenous people, as well as issues pertaining to justice, the military, and legislative and judicial bodies. At present, the rights of indigenous peoples are not fully recognized. Although there have been advances in the areas of child survival and development, Guatemala has still not achieved many of the end-decade goals. IMR is 41 per 1,000 live births; access to primary education is not in reach; adult literacy among women is 58 per cent; and 15 per cent of children 10 to 14 years of age perform some kind of wage labour.

61. **Achievements and constraints**. The country programme approved in 1997 contains two programmes and seven projects. The basic services programme includes components for health and nutrition, water and sanitation, education, and income generation, while the social policy development programme includes projects in information and communication, social policy and child rights. During the MTR, it became clear that, in spite of advances in these areas, sustainability and cohesiveness were not as strong as they should be.

62. **Assessment of programme strategies: lessons learned**. Although the current UNICEF country programme was conceived to support the Guatemalan peace process, it was designed before the signing of the accords in 1996. Therefore, the main aim of the MTR was to take into account the intense, and at the same time fragile, dynamics of social change brought about by the internal armed conflict. The MTR made clear that the country programme must undergo significant changes to respond effectively to the evolving situation.

63. MTR findings showed that the country programme has contributed to the development of efficient methods of service delivery to poor and marginalized communities. Other contributions include: the development of new social policies; advances in legislative reform; and stimulation of open discussion of, and interest in, child rights issues in both the media and society. The MTR process also revealed, however, that the country programme had concentrated a large portion of its efforts on service delivery schemes scattered across a wide geographic area, with very limited coverage of beneficiary populations. It had also failed to take adequate advantage of the available opportunities for advancing social policy, which has had a weak impact at the political level; did not cooperate sufficiently with civil society; provided inadequate resources to activities for strengthening the national institutions responsible for protecting child rights and supplying basic social services; failed to produce results beyond the project level due to lack of coordination and integration at the programme level, thus reducing impact; and did not fully integrate into all projects such cross-cutting issues as gender, multiculturalism and disaster prevention and preparedness.

64. The MTR exercise served as an important springboard for an intensive internal reform effort oriented to address the key weaknesses, in the context of a new vision for the country programme. Each project was reconstituted around supply and demand

for rights and services, plus six strategic priorities — the generation of social policies; increase in service coverage; empowerment of civil society and communities; strengthening of institutional capacity; integration of transversal axes of gender, multiculturalism and emergency; and monitoring and evaluation — all to be carried out through integrated teamwork. The reform effort also made possible the preparation of a package of priorities for children requested by the president-elect, including restructuring of the budget to favour the poor and strengthen the family, implementation of the Child and Youth Rights Act, and implementation of education reform to increase bilingual primary education. As a result of these efforts, the country office has developed a new, long-term vision for the 2000-2010 period.

65. **Country programme management plan**. Revisions to the country programme management plan were carried out in a participatory manner, taking into account the results of the MTR. Responding to the new vision and focus on rights-based programming, a revised office structure will be presented to the regional office and headquarters in early 2000. A series of programming and management exercises took place during the year and were executed in a participatory and transparent way, allowing all staff to be involved in developments and decisions. This promoted teamwork and strengthened relationships between programmes and operations.

66. The country management team, composed of all categories of staff and representatives of the Staff Association, participated actively in the MTR. The office work plan was prepared in an innovative fashion, using a computer programme that enters many different types of inputs, and was placed on the server for staff members to view at will. The PROMS team also made substantial contributions in the work process redefinition, redesigning some of the office's most important processes, such as preparation of contracts, travel and payment requests, supply operations and advances/reimbursements to counterparts.

Jamaica

67. The MTR was held between December 1998 and November 1999. In order to streamline the process, the Planning Institute of Jamaica established a Technical and Programme Steering Committee supported by a UNICEF advisory team. The MTR was participatory at every stage; technical teams included the principal government coordinating partners, UNICEF officers and an external consultant. The methodology included focus group and SWOT (strengths, weaknesses, opportunities and threats) sessions, key informant interviews and desk reviews, including consultations with children and youth.

68. **The situation of children and women**. There have been some positive developments, but economic reform and adjustment have had negative impacts on vulnerable sectors. The foremost challenge relates to increasing quality and equity in the provision of basic social services, as well as maintaining child rights-based programming as a priority. Jamaica continues to have a young and essentially poor population. At the end of 1998, 37.6 per cent of the population was under 18 years of age and children are among those most affected by poverty. Educational attainment in general remains strong and access to primary education is universal. Access to early childhood education is approximately 90 per cent. However, children in rural areas are at risk of poor academic performance because of lack of access to food, long walks to schools and the burden of domestic chores.

69. Although general health indicators are encouraging, infant immunization declined from 95.2 per cent in 1996 to 85.4 per cent in 1998. The IMR is estimated at 24.5 per 1,000 live births; maternal mortality rate (MMR) estimates range from 85 to 120 per 100,000 live births. Access to safe water is 81.2 per cent, while access to sanitary facilities is almost universal. According to recent surveys, 48 per cent of children 1 to 4 years of age and 24 per cent of children 5 to 16 years of age are anaemic. Some 20 per cent of adolescents have had sexual intercourse by the age of 11 or 12. More than 40 per cent of sexually active adolescent girls do not use contraceptives, resulting in high rates of teenage pregnancy. Since the first reported HIV/AIDS case in 1982, the incidence has doubled every two years. To date, a total of 3,304 cases have been reported, of which 37.3 per cent were among females.

70. The problems of out-of-school children and adolescents, working children and street children are interrelated. Most child workers are from the inner city and are driven to offer their services in menial tasks for little or no pay. Rural children tend to work in domestic services, vending and farming. The involvement of

children in criminal offences and murders increased from 648 cases in 1994 to 844 cases in 1998.

71. **Achievements and constraints**. The programme has recorded important achievements, particularly in: increased advocacy and mobilization efforts for children; establishment of a social communications strategy to expand visibility of UNICEF programming; creation of awareness and appreciation of the role partnerships play in solidifying actions on behalf of children; assistance in the development of capacity in monitoring and evaluating initiatives in favour of children; training of programme stakeholders and partners in most of the thematic areas covered by the country programme; and promotion of recognition by regional and international partners of the work UNICEF has undertaken in early childhood care, child and youth participation, and assistance to vulnerable groups of children.

72. **Assessment of programme strategies: lessons learned**. The MTR illustrated the challenges of moving away from the vertical programming approach. The discussions recommended a transition towards a more solid.. rights-based programme, supported by efficient and affordable programme and operational structures. Greater focus is required on: the formulation of social policies for children and women; social communications for enhanced and sustained protection of children's and women's rights; and household-level programming.

73. Programme reviews, as well inputs from partners, confirmed that objectives and strategies continue to be valid. Throughout the remainder of the country programme, there will be a need to adhere to basic management and development principles, to allow stronger consistency and continuity between yearly programme planning and country programme goals and objectives. Other recommendations include: development of a flexible programme framework to respond more effectively to evolving national priorities; more attention to sustained capacity-building in strategic project development; strengthening of cross-sectoral support mechanisms, particularly monitoring and evaluation, communication, advocacy and social mobilization; development of new partnerships at the governmental, non-governmental and civil society levels; and promotion of strategic leadership and the documentation and dissemination of best practices.

74. The MTR concluded that programme objectives have been either overly specific or too vague. A lack of consistency between activities and objectives has made it difficult to measure progress. Furthermore, lack of a comprehensive monitoring and evaluation framework has made progress assessment and trend analysis very difficult. Although resource mobilization has been adequate, limited absorptive capacities of partners have contributed to delays in project implementation.

75. **Country programme management plan**. The internal review concluded that the original country programme management plan remains valid. It also noted that while the country programme has been successful in mobilizing resources from a limited pool of donors, recent decisions taken by key Governments to scale down their presence in Jamaica will significantly affect several projects. Financial uncertainties regarding resource mobilization in 2000 have had an impact on staffing. It is therefore imperative that strategies be developed to work with a broader range of private sector and government donors.

Nicaragua

76. Work on the MTR began with an update of the situation analysis by programme officers, and the selection of themes to be examined during the exercise, based on the document "Concluding Observations of the Committee on the Rights of the Child, Nicaragua", dated June 1999. UNICEF officers, in consultation with counterparts and other colleagues, prepared 14 working papers for discussion. The formal MTR meeting was held in September 1999 and included two days of meetings with national counterparts and one day of internal UNICEF discussion, as well as a round-table meeting with United Nations agencies.

77. Government and non-governmental counterparts, mayors, United Nations and multilateral agencies, bilateral donors, the regional office and headquarters participated in the process. All social ministries were represented by their respective ministers, who presented the progress of each sectoral programme. Participants took part in the analysis of the 14 selected themes. The high level of cabinet participants confirmed the country's commitment to children's rights and to the goals of the World Summit for Children.

78. **The situation of children and women**. In spite of high turnover of key ministerial posts, the country has enjoyed relative political stability since January 1997. In May, the National Assembly approved the Code for Children and Adolescents, adapting national legislation to the Convention on the Rights of the Child. Some sectors of Nicaraguan society still oppose the Code, however, particularly in the area of juvenile justice. There was some reduction in poverty levels between 1993 and 1998, from 50.3 per cent to 47.9 per cent, but the absolute number of poor has increased, and urban-rural inequalities remain significant. The external debt burden is equivalent to $1,317 per capita (10 per cent of GDP).

79. Progress towards the goals of the World Summit for Children has been good, in particular in reducing infant and under-five mortality, iodine deficiency disorders, vitamin A deficiencies and low birth weight; promoting breastfeeding; and eradicating polio, neonatal tetanus and measles. In 1999, the Government presented a report to the Committee on the Rights of the Child. The Committee recognized the progress brought about by the Code for Children and Adolescents, but also noted that widespread poverty and socio-economic disparities hamper the fulfilment of children's rights.

80. At the end of 1998, Hurricane Mitch caused an abrupt change in the situation of the country, hitting, in particular, poor rural communities. Eighteen per cent of the Nicaraguan population and approximately 170,000 children were affected. Although the donor response was extremely positive, one year after the disaster, rural communities had not recovered from the loss of farm land and tools, housing and infrastructure.

81. **Achievements and constraints**. Because of the large inflow of funds following Hurricane Mitch, 1999 was an exceptional year for both fund-raising and programme implementation. During the year, the theme of child rights gradually evolved from being an individual, sectoral programme dealing with specific issues to being the underlying theme of all UNICEF interventions in the country. This strengthened child rights approach fostered partnerships with a number of non-traditional counterparts and allies, including the Supreme Court of Justice, the Legislative Assembly, the National Police Force, the Supreme Electoral Council, the National Civil Registry of Persons, mayors' offices, universities and private enterprise.

82. Legal reform is a necessary step, but inadequate in itself to enforce children's rights. In the case of the Code for Children and Adolescents, UNICEF was successful in promoting its formulation and approval. While there is no separate gender component in the country programme, all programmes include gender issues/perspective in their plans, negotiations and implementation. However, gender mainstreaming has at times resulted in a loss of visibility for the theme area.

83. Components of the country programme have achieved a high degree of counterpart ownership and institutionalization. The evaluation of the integrated basic services programme revealed, however, that while activities to increase access to water and sanitation services had excellent results, lack of progress towards decentralization in the country and the threat of politicization of programme activities jeopardized overall effectiveness.

84. **Assessment of programme strategies: lessons learned**. The MTR concluded that the overall structure of the programme remains adequate. The expansion of the theme of child rights is creating the conditions for the formulation of the next country programme, where implementation of the Convention on the Rights of the Child will be a cross-cutting and central theme of all programmes, moving away from a rigid sectoral structure (e.g., health and education).

85. According to the MTR, strategies and objectives remain relevant, as they reflect those areas where the situation of children and women needs to be improved, and are consistent with the UNICEF mandate, policies and priorities. They also reflect the goals of national plans and priorities for children and women. Taking into account the insufficient resources devoted in the country to basic social services, however, and the setbacks produced by Hurricane Mitch, a significant service delivery component is still required to accelerate progress towards the World Summit goals. The country programme also needs to strengthen its communication/social mobilization component.

86. There is a perception in Nicaragua by the public and a number of counterparts that UNICEF is not devoting sufficient attention to certain special protection areas, particularly the rights of children living in the autonomous regions of the Atlantic Coast, children with disabilities, orphans and abandoned and sexually exploited children. Also, increased emphasis

needs to be placed on early childhood care for survival, growth and development. The MTR also identified a gap in national policies for children under the age of three. In response, UNICEF will support the preparation of a national plan of action, based on community and family interventions. Finally, there were comments that future objectives should identify the specific UNICEF added value/impact, clearly linking objectives with indicators and targets.

87. **Country programme management plan**. The MTR did not indicate a need to change the structure of the country programme management plan beyond the modest changes in personnel introduced at the 1999 Programme and Budget Review for the period 2000-2001. The move in March 1999 to a new building shared with the United Nations Development Programme (UNDP) improved working conditions for UNICEF staff and increased opportunities for inter-agency coordination. The results of an internal audit conducted in 1997 were discussed with all staff. UNICEF staff visits to counterparts have begun to include reviews of their financial systems. A methodology for the selection and evaluation of NGO counterparts was developed for existing and new partners and a self-audit plan began in 1999.

Panama

88. The MTR process spanned the period from November 1998 to October 1999 in the midst of the National Referendum (November 1998) and the presidential election (May 1999). The process was viewed not only as an evaluation and monitoring tool, but also as an instrument to increase awareness and be a direct advocate with the new government authorities, providing an opportunity for stakeholders to renew their commitment to programme objectives and strategies. Technical and policy meetings took place after the elections, with authorities from both the outgoing and new governments. Government counterparts, initially sceptical of UNICEF programming, were fully briefed, and these efforts were ultimately successful.

89. An Executive Committee (UNICEF, under the leadership of the Ministry of Finance) coordinated the MTR. As a consultative body to this process, an inter-institutional and inter-agency MTR task force was organized with the participation of the coordinating bodies of the programmes (Ministry of Youth, Women, Children and Family, Ministry of Education and Ministry of Finance). Three NGOs also joined the MTR task force as representatives of civil society. During the 9-month process, the Executive Committee held 10 coordination meetings, while the task force met on 6 occasions. Three general workshops took place with the active participation of representatives from the Government (at the technical and policy levels), NGOs and civic clubs.

90. Ministry of Finance technical resources were used during the process; the primary role of UNICEF was to serve as an external facilitator to collect information regarding the implementation of the MPO. UNICEF also provided support to the Ministry of Finance by updating the poverty-related indicator of the situation analysis. The results of the assistance provided by UNICEF are available in a report that was used as a main source for discussion during the three general workshops and is now being used, with the overall results of the MTR, as input for the CCA.

91. **The situation of children and women**. Although the economy grew steadily during the late 1990s, it was severely affected during 1999 by a fall in exports, the internal political situation, the surge in international oil prices, and the rise of interest rates in the United States. Current economic growth is not considered strong enough to improve the level of employment and thus reduce the high incidence of poverty. Approximately 37 per cent of the population live below the poverty line and about 45 per cent of all children between the ages of 10 and 14 are poor. Unemployment, income concentration, inadequacies in education and health services, deficiencies in the land ownership system and limited access to credit are among the underlying causes of poverty. According to the 1999 *Human Development Report*, Panama dropped from a high human development category in 1998 to a mid-level category in 1999. This could be attributed in part to the availability of new data on poverty levels provided by a 1997 survey of living standards.

92. Panama is on track to achieving many end-decade goals, particularly those concerning measles, neonatal tetanus and polio. Although under-five mortality has been substantially reduced, high rates persist in rural and indigenous areas, and special efforts are needed to decrease mortality from diarrhoea. Insufficient progress has also been registered in the fight against acute respiratory infections, maternal mortality and malnutrition and in efforts to promote universal access

to primary education. The recent approval of Law No. 40 on Juvenile Justice, a law compliant with the principles of the Convention on the Rights of the Child, was an important victory for children's rights.

93. **Achievements and constraints**. The current country programme, the second in Panama, includes programmes on the rights of children and women, municipal and social development, education and life skills. At a technical level, achievements include the formulation and ratification of Law No. 40 on Juvenile Justice, the establishment of a group of local professionals trained in children's rights, and contributions towards the creation of the Institute for Women at the University of Panama. The sustainability of the programme has been fostered through the institutionalization of different initiatives, including the Out-of-School Youth Programme, the approval of a law for universalization of iodized salt; and the creation of the National Committee for monitoring the Convention on the Rights of the Child. Despite the fact that service delivery was not an explicit strategy in the MPO, it has played an important role in mobilizing local resources to increase coverage of indigenous populations.

94. Limitations encountered include: absence of a social agenda, the lack of institutionalization of programmes and projects, and the persistence of a sectoral approach to the situation of children and women, resulting in duplication of efforts and reduction of cost-effectiveness. There is also the absence of a monitoring mechanism, and a limited administrative capacity of some government counterparts in the Project Plan of Action implementation process.

95. **Assessment of programme strategies: lessons learned**. At the final MTR workshop held in October, there was consensus that overall country programme objectives remain relevant and adequate. The following areas need emphasis, however: the formulation of public policies with a rights and gender focus; strengthening of social communication for children; design of a mechanism for monitoring child rights; revision of coverage vis-à-vis the new province of Gnogbe-Bnugle; and special efforts to implement the education programme. It was recommended that progress indicators for each objective be established during the remainder of the programme period.

96. The importance of creating strategic alliances based on common interests for implementing children's rights was also stressed. The situation of women and children and the sharp disparities in Panama require a robust UNICEF presence for at least a third five-year programme cycle (2002 to 2006). During the course of the country programme, the question of "graduation", as contained in Executive Board decision 1997/18 (E/ICEF/1997/12/Rev.1) arose. Consequently, Panama needs to secure a stable funding base for at least the next seven years.

97. **Country programme management plan**. The main limitation to fulfilment of the country programme management plan was related to the fund-raising capacity of the office vis-à-vis the new staff structure. Three staff posts were converted from regular resource to other resource funding. This was done without making the needed provision of locating funds to assure a more flexible transition to the personnel structure of the 1997-2001 cooperation programme. It was also acknowledged that demands on existing staff have been high. Information technology personnel had to be contracted during 1999 in order to strengthen and fulfil PROMS demands. This additional full-time support was not foreseen in the preparation of the personnel structure. It was also recommended that the office have a full-time, private sector fund-raising post.

Uruguay

98. The MTR was carried out in September 1999. Participants included government representatives, NGOs and the UNICEF team. NGO participation in this process was a new initiative, designed to involve civil society in country programme implementation.

99. **The situation of children and women**. Uruguay's economy grew steadily between 1990 and 1997, leading to a 3.4 per cent per capita annual growth in GDP, accompanied by a 50 per cent reduction in the number of poor households. Nonetheless, the international financial crisis caused the economy to suffer a strong deceleration during 1999. Uruguay's basic indicators for children are quite favourable. The IMR, which was 30 per 1,000 live births in 1984, now stands at 16 per 1,000. Low weight among children under one year of age has diminished and educational coverage has increased at all levels. Uruguay was the first country of the region to achieve universal access to pre-school education for children aged four and five. Because of positive performance in a variety of areas,

Uruguay is well placed in the Human Development Index.

100. Notwithstanding progress made, Uruguay has persistent problems that strongly affect children and adolescents. About 40 per cent of children are born to poor families. Child labour affects a significant percentage of young children. School performance and access to education vary significantly among children from different income groups, and a large number of children and adolescents are kept in state institutions. The incidence of adolescent pregnancy is high, and 39 per cent of families abuse their children in some way. Women are also frequently victims of domestic violence. Unemployment is higher among women, and average wages are lower for women than for men. Moreover, women have limited access to decision-making positions, whether in the political, social or economic spheres.

101. **Achievements and constraints**. The main objective of UNICEF, where the greatest achievements have taken place, is the promotion of new legislation for children. UNICEF has worked to promote the establishment of guarantees for children in conflict with the law, the modification of the birth registration system to comply with the Convention on the Rights of the Child, and the regulation of adoption procedures. Although significant advances have been made, cultural barriers and private interests have impeded achieving optimal results.

102. The country programme has succeeded in sensitizing the Government and civil society to the issue of child labour and has improved statistics and knowledge on the subject. UNICEF has worked jointly with the Ministry of Public Health to support the creation of 18 child-friendly hospitals and health centres, increasing the number of births occurring in child-friendly establishments. Close relationships have been established between UNICEF and the Government, as well as with social organizations that work with children. The organization is recognized in the country as a transparent and independent entity, strongly committed to promoting the rights of children, adolescents and women.

103. **Assessment of programme strategies: lessons learned**. During the MTR, it was proposed that the programme shift from funding several small projects without significant impact to implementing broader activities. These include influencing social policies and promoting cultural change in favour of the rights of children and women. It was also suggested that UNICEF design a system of indicators to evaluate impact, processes, innovation and legitimacy of programming. In the remaining years of the country programme, counterparts should be trained in order to build their capacity to design and implement sustainable projects.

104. **Country programme management plan**. The UNICEF office in Uruguay has only two posts (a bilingual secretary and a project officer) and a number of external consultants. Restrictions in the administrative budget affect programme implementation. Although fund-raising has had encouraging results, there has not been enough local fund-raising to support the country programme budget.

Major country programme evaluations

Regionally prominent themes

105. Each year, the prominent monitoring and evaluation themes in the region include a mix of those seen in prior years and those emerging as new areas of interest. In 1999, the following five themes can be cited as efforts to improve the availability and use of data in critical areas.

106. **Understanding the dynamics of exclusion and vulnerability**. Country offices are investing in detailed statistical analyses of national surveys (such as the World Bank-sponsored Living Standards Surveys) to determine which groups are excluded and why. Studies involving quantitative and qualitative methods are documenting how each group is marginalized. Representative examples include Nicaragua's situation analysis for the excluded Atlantic Coast region and Ecuador's monitoring of the impact of economic decline on the most vulnerable.

107. Increasing efforts in the areas of human rights and gender. Data generation activities are responding to the UNICEF emphasis on gender and human rights issues. Increasingly, UNICEF is expanding beyond classic sectoral work into multidisciplinary, multi-partner efforts. In 1999, for example, the Colombia office initiated a project to reconstruct the history of decade-long efforts to combat the high incidence of street children and child prostitution, with an emphasis

on identifying reasons for success and failure that are evident only over very long periods.

108. **National social indicator systems**. Governments have begun to ask UNICEF to advise them on the use of indicators to monitor national social development, as they recognize that existing indicators concerning the rights of children and women are incomplete. In addition, progressive Governments are permitting critical commentary, as well as public exposure of data. In Costa Rica, for example, an independent observer monitors national data and rates performance in the area of rights.

109. **Capacity-building at the subnational level**. As Governments in the region decentralize funding and other responsibilities, there is increasing need for, and interest in, subnational (normally municipality-based) capacity-building for social data collection and analysis. UNICEF is supporting efforts to establish or upgrade local statistical units, integrate their work with that of central-level offices, and employ the data for programming purposes. In 1999, the Dominican Republic had exemplary initiatives at national and subnational levels, which now cover 24 of the 30 provinces.

110. **UNICEF-certified municipalities**. The Mayors, Friends of Children, Initiative has been widely implemented in the region. In 1999, a new innovation — the development of criteria to designate a municipality as child-friendly — was implemented in at least three country offices. Municipalities must agree to reach budget and programming targets to attain this designation, which is jointly monitored. The effort depends on the development of good indicators and adequate local data collection systems. For example, in the Brazilian State of Ceara, 93 per cent of eligible municipalities committed to raising their social indicators to reach the regional pattern by the year 2000.

Major evaluations in the region

111. Two evaluations addressing sectoral health programmes were innovative in ways that are often recommended, yet rarely accomplished. In the Dominican Republic, a six-year, community-based vertical programme was evaluated to see if it could be transformed into a more broad-based, multi-intervention effort. In Nicaragua, the Swedish International Development Agency (SIDA) examined an integrated health services project in a remote region to evaluate the UNICEF country office's performance, among other critical elements.

112. **Evaluation of Community Oral Rehydration Units in Dominican Republic**. Community Oral Rehydration Units (CORU) are community-based diarrhoea prevention and treatment centres, which have functioned since 1994 as part of the national diarrhoea control programme. With the reorientation of health services towards an integrated model, and in response to the demand of NGOs and communities to expand the scope of CORU, an evaluation was undertaken to determine if the initiative could be transformed into Community Health Houses. The evaluation sought to identify results, impacts and sustainability.

113. A national survey was conducted in which five questionnaires were used to collect data on: the views of animators and health workers; conditions in the CORU; and knowledge, attitudes and practices of mothers with children under the age of five. Non-CORU communities were sampled as a control group. Questionnaires used flexible, open-ended questions, and impact was determined by calculating community-level diarrhoea rates over a two-week period. Participants included UNICEF, Plan International, a leading national NGO research agency, the Ministry of Health and PAHO.

114. Findings were largely positive. CORU services are highly valued and heavily used by those who are aware of them. Animators and health workers had strong links with communities, and CORU technical capacities were very good. Maternal knowledge of proper treatment was high and the propensity to seek treatment was very good. The main weakness was mothers' lack of knowledge on the frequency of feedings. Other weaknesses were in follow-up and monitoring, and in refresher training for animators. Awareness of the initiative was found to be low, especially among those with little formal schooling. Interestingly, the number of community animators — five per health unit — was thought to be too high for effective supervision, and a reduction to two per unit was recommended. In addition, support from higher-level health systems was insufficient, especially in training and in information/social communication activities.

115. Based on the evaluation, specific recommendations were made for project follow-up. A separate study of community members, health staff and health authorities provided recommendations on how Community Health Houses should function. The results of the two efforts have been combined and Community Health Houses are currently in the design phase. The project will institute a number of efforts not heretofore interrelated: primary health care, Integrated Management of Childhood Illnesses, the Integrated Health Actions Strategy, the "Dignified Community" effort, and Facts for Life. A recommendation was also made to pursue a measured community participatory process, so the Health Houses would not become an initiative "planted" in communities.

116. **Evaluation of SIDA support to the Nicaraguan health sector, 1992-1998**. This external evaluation assessed SIDA support to an integrated health programme in a remote border region and in the under-privileged Atlantic Coast region, jointly administered by UNICEF/World Health Organization (WHO)/PAHO and the Government. Evaluation objectives were very broad and included: (a) achievement and sustainability (impact, beneficiary participation, inter-agency cooperation, gender aspects, monitoring, future vision, decentralization); (b) role of UNICEF/PAHO (funds administration, monitoring, capacity-building, cost-effectiveness, donor reporting); and (c) health care quality in focus areas (participation, technical capacity, management, infrastructure, coordination). The methodology involved record review, key informant interviews, site visits/observation, sponsored research, and a day-long participatory critique by project members and interested outsiders. The evaluation was led by three SIDA consultants and benefited from extensive support from a variety of donors, NGOs and government employees.

117. The findings responded to each of the objectives, including hard-to-assess issues like gender mainstreaming and the efficiency of UNICEF coordination. The evaluation concluded that collaboration of UNICEF and PAHO was positive, as was their overall role in the health programme. Health indicators improved, along with local administrative and technical capacity. And the system was unusually good at adapting to such emergencies as Hurricane Mitch.

118. The evaluation examined the role and contribution of UNICEF and PAHO in technical assistance, in the administration of SIDA funds and in capacity-building. The SIDA report found that capacity was expanded at numerous levels and noted that UNICEF/PAHO supported more activities at the subnational level than had been originally planned, due to weakness within the ministry. One of the evaluators who had followed the project since 1992 noted that capacities were improving and fund management was considered to be professional and responsible. However, it was recommended that the overly complicated financial reporting requirements of both PAHO and UNICEF be simplified.

119. Regarding administrative and operational costs in relation to functions, and in relation to other agencies performing the same functions in donor-financed projects in the health sector, the report noted that PAHO retained 23 per cent of the donor funds for administrative and operational costs, versus just 13 per cent for UNICEF. It was recommended that SIDA be more flexible in negotiations and that a joint management group be formed to avoid unnecessary duplication in administration.

120. As regards the function and quality of coordination and reporting mechanisms among partners, SIDA reported that coordination meetings and donor reports were conducted on time and with effective participation, and that there were noticeable improvements over past projects. However, the preparation and contents were questioned by many of those interviewed, leading to a set of specific recommendations.

121. SIDA concluded that the project merits continued support. A third phase will be financed for 2000-2004, in order to transfer managerial responsibilities to the Health Ministry under the continued technical support of UNICEF and WHO/PAHO. SIDA also identified several aspects within the Programme for Decentralized Health Services (PROSILAIS) that can be applied to other SIDA programmes, confirming that UNICEF efforts are creating innovative health programming.

Conclusion

122. MTRs and evaluations demonstrated widespread implementation of projects, as well as thorough reflection on content, processes, structure, constraints and opportunities. The appropriateness of existing

programmes was widely confirmed by the review process. It was found that UNICEF offices and their counterparts have made significant inroads into how the rights-based approach can be more fully realized. Attainment of the goals of the World Summit for Children was evident in all of UNICEF work in the region. MTRs also revealed, however, that the regional office was overtaxed in the support it needed to provide to the MTR process in 12 countries.

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Summary of mid-term reviews and major evaluations of country programmes

East Asia and Pacific region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1) which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, *inter alia*, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in the present report were conducted during 1999.

Introduction

1. The present report covers mid-term reviews (MTRs) in Cambodia, the Democratic People's Republic of Korea, Malaysia, Mongolia and the Pacific island countries. Cambodia's review was actually carried out in 1998, but due to political uncertainty in the country at the time, it had to be scheduled too late to be included in last year's report. Three recent evaluations conducted in the region are also included in this report: a study of the long-term contamination potential of water-seal latrines in Viet Nam; a household survey of child malnutrition in the Democratic People's Republic of Korea; and an assessment of the Mekong subregional project on HIV/AIDS, encompassing activities in Cambodia, China, the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam.

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Country mid-term reviews

Cambodia

2. The 1996-2000 Cambodia country programme coincides with the Government's first five-year socio-economic plan, which emphasizes poverty alleviation and rural development. The Cambodian Constitution embodies many of the rights set out in the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. However, not all of the constitutional guarantees have been implemented through appropriate legislation, and existing laws are not enforced consistently.

3. **The situation of children and women**. While infant, child and maternal mortality have declined in recent years, they remain among the highest in Asia. National estimates for infant and under-five mortality are 89 and 115 per 1,000 live births, respectively. The maternity mortality rate (MMR) is estimated at around 470 per 100,000 live births. Expanded programme on immunization (EPI) coverage peaked in 1995, but has dropped off since then; probably less than 50 per cent of children are fully immunized. However, despite the low immunization coverage, no laboratory-confirmed cases of wild polio virus have been detected since early 1997, and there is hope that polio eradication will be achieved in the next few years. Together, diarrhoea and acute respiratory infections (ARI) account for almost one half of total childhood mortality. A high malnutrition rate substantially exacerbates the extent and seriousness of childhood illness.

4. Net enrolment at the primary level has improved significantly in recent years and now stands at 78 per cent overall. However, there is wide disparity between urban and rural areas, and drop-out rates remain high, especially among girls in rural areas. Cambodian children are subject to the whole range of child protection risks, including sexual exploitation, living on the street, child labour and those in conflict with the law. Weakened by decades of civil war, family and community structures cannot always provide adequate care and protection for children.

5. **Achievements and constraints**. The current country programme in Cambodia represents a major shift in orientation from previous programmes, which focused on emergency assistance and reconstruction. Emphasis has now shifted to an integrated approach to development, taking children's and women's rights as the starting point. The centrepiece of the cooperation is the community action for social development (CASD) programme, which covers 552 villages in eight of the country's 23 provinces. CASD incorporates water and environmental sanitation, literacy, credit and family food production, supported by national activities in health and education. The programme was judged by the MTR to have made good progress despite financial and human resources constraints. The health programme has developed a mix of service delivery, public education and monitoring strategies for the end-decade goals. The scope of the programme has been broadened to include all major health threats, including HIV/AIDS, while at the same time giving sharper focus to special groups such as schoolchildren and the urban poor. UNICEF assistance in basic education has contributed to ongoing sectoral reform and capacity-building to support its implementation. Assistance has been provided for the development, printing and distribution of textbooks in mathematics, science and the Khmer language. An Education Management and Information System has been put in place to strengthen regular monitoring and analysis of system performance.

6. Inadequate budgetary allocations for the social sectors, slow disbursement of available funds, weak institutional and human resources capacities, and unreasonably low salary levels for civil servants are constraints common to all sectors. The heavy dependence of UNICEF funding on other resources has also made it difficult to plan and sustain certain activities.

7. **Assessment of programme strategies: lessons learned**. The MTR determined that the current master plan of operations remains valid, with some adjustments to reflect newly established priorities, limitations and emerging problems. Further emphasis is to be given to capacity-building based on the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, and the "building from below" approach will be further reinforced. Service delivery remains important, and decentralization should support outreach to the poorest groups. Further integration and coordination are necessary to achieve the social goals for the decade. Experience with CASD has shown that a participatory and empowering approach enhances community ownership and

sustainability, and positively influences the utilization of available resources. However, national coverage by the CASD programme is not feasible, and no further expansion will be attempted during the current programme cycle.

8. **Country programme management plan (CPMP)**. Results of the programme and operations audits carried out in early 1998 provided significant input into the entire MTR process. They were important factors in the MTR agreement to revise overall programme objectives for the final years of the programme cycle to make them more realistic and consistent with the country programme recommendation. Changes in country office staffing and structure were proposed and approved by the programme and budget review in early 1999.

Democratic People's Republic of Korea

9. As compared with the situation in 1997 and 1998, conditions for the children and women of the Democratic People's Republic of Korea have improved, although they are still far from what they were in the early 1990s. The natural disasters that struck the country in the mid-1990s not only destroyed or severely damaged crops and infrastructure; they were also devastating to an economy that was already struggling to come to grips with the loss of its main trading partners following the break-up of the Soviet Union. The economic crisis has, in turn, made recovery and rehabilitation a difficult and prolonged process.

10. **The situation of children and women**. The most immediate consequences of the emergency situation have been food shortages, a sharp deterioration in the quality and availability of social services, and increased health risks due to environmental factors such as unsafe water and sanitation and inadequate heating during the cold winter months. Under-five mortality, estimated at 30 per 1,000 live births prior to the onset of the emergency, was reported to have risen to 55 by 1996. A significant increase in the incidence of childhood diarrhoea has been noted. A 1998 national nutrition survey found 16 per cent of children to be moderately or severely wasted, and 62 per cent to be stunted. Government statistics indicate that 22 per cent of children weigh less than 2.5 kilograms at birth. Official figures also show a substantial rise in maternal mortality, from 70 per 100,000 live births in 1990 to 105 in 1996. Women's health in general is a matter of concern due to inadequate food intake, poor obstetric care and frequently heavy physical labour.

11. **Achievements and constraints**. Despite the difficult prevailing conditions, considerable progress has been made in key areas affecting the rights and welfare of children and women. The establishment of a National Coordinating Committee for Implementation of the Convention on the Rights of the Child in May 1999 is an indication of the Government's commitment to promoting children's rights. The Concluding Observations of the United Nations Committee on the Rights of the Child on the first country report of the Democratic People's Republic of Korea have been translated into Korean for dissemination. In health, UNICEF support has helped to improve the availability of essential drugs and basic medical supplies and equipment in clinics and hospitals. The EPI cold chain has been largely rehabilitated, and as part of the revival of the routine immunization programme, the Government agreed to adopt the World Health Organization (WHO)/UNICEF recommended immunization schedule. Training in appropriate drug use, proper case management for diarrhoea and ARI, and early diagnosis of high-risk pregnancies has been carried out. Materials such as drug treatment manuals have been disseminated to help overcome the isolation of health staff from technical information and knowledge about current practices elsewhere in the world. An important part of UNICEF support in the nutrition sector has been for the development or rehabilitation of domestic capacity to produce fortified corn-soya blend and high-energy biscuits as supplementary foods, in partnership with the World Food Programme (WFP), and for the restoration of local iodized salt production. Assistance has also helped to strengthen government capacity to develop groundwater sources, carry out regular chlorination of water supplies, and repair and maintain water and sanitation facilities, giving priority to children's institutions and selected health facilities.

12. Apart from the structural and institutional damage inflicted by the recent crisis, limited donor response to the latest emergency appeal has been a major constraint. In a situation where supplies account for 90 per cent of UNICEF assistance, substantial delays in procurement and delivery have had a significant impact on programme implementation. Government attention to end-use monitoring of UNICEF assistance and

improvement of the warehousing system is urgently needed.

13. **Assessment of programme strategies: lessons learned**. The establishment of a UNICEF office in Pyongyang in 1996, and the greatly expanded scale of assistance that has resulted from the emergency, have increased routine contacts and constructive dialogue with the Government. While this has been a very positive development in general, there is still room for improvement, especially in the area of data development and information sharing, which are essential for proper management, monitoring and evaluation of programme performance.

14. Among the other lessons learned from recent experience are the need to achieve a balance between service delivery and supply components on the one hand, and capacity-building for efficient, effective implementation on the other. In general, the areas in greatest need of strengthening are at subnational levels, and investment at these levels is likely to yield the greatest returns. The child malnutrition problem in the country is a result of many interrelated factors, and coordinated interventions, including health care, clean water and environmental sanitation, and education, as well as food security, are needed. Strategies are also needed to utilize the country's impressive social mobilization capacity more effectively for a wider range of activities such as national immunization days and the promotion of improved hygiene and sanitation practices.

15. **CPMP**. Developed in August 1998, the CPMP has provided a useful framework for strategy formulation, monitoring and evaluation, management of financial and human resources, supply and logistics functions, and information technology. It has also helped to consolidate UNICEF presence in the country, and to strengthen and broaden the capacity of government counterparts through in-country training and intercountry experience exchange. Finally, it has promoted improved effectiveness, accountability and participatory management within the UNICEF team. Qualitative management indicators have been identified for all functional areas and are being monitored on a monthly basis.

Malaysia

16. **The situation of children and women**. Over the past decade, Malaysia has seen rapid improvement for children and women in most indicators of survival, protection and development. Many of the most pressing problems are those that have emerged in recent years as consequences of rapid economic development, a sharp rise in the proportion of working women and rural-urban migration. Moreover, although overall levels of well-being are high, there are significant disparities in some indicators between urban and rural areas and among states, regions and population subgroups.

17. The infrastructure for the delivery of basic health services in Malaysia is one of the best in the developing world and is accessible to more than 95 per cent of the population. About 80 per cent of all births take place in hospitals, and official government figures show that the infant mortality rate has dropped by about one third during the 1990s, from 13.1 to 9 per 1,000 live births. In the same period, MMR has also declined substantially and is currently estimated officially at 39 per 100,000 live births. Piped water and proper sanitation are now available to about 90 per cent of the population. Net primary school enrolment is in the high 90th percentile, with little difference between boys and girls. Pre-school care and education is available to 70 per cent of children between the ages of four and six years, and efforts are under way to improve both the quality and outreach of this service.

18. The record in preventing child malnutrition is less positive. About 19 per cent of children under five years old suffer from moderate or severe underweight. In peninsular Malaysia, iodine deficiency disorders (IDD), as measured by goitre prevalence, is about 2.5 per cent, with higher pockets in the central highlands; in the Borneo states of Sabah and Sarawak, the rates are 18 and 11 per cent, respectively. Problems associated with changing lifestyles, including smoking, drug abuse and increased consumption of "junk food", pose long-term threats to the health and nutritional status of Malaysian children. While the incidence of HIV/AIDS is far below the levels in some of Malaysia's neighbouring countries, the number of officially reported cases has nearly tripled in five years, from 9,000 in 1995 to 26,000 in 1999.

19. **Achievements and constraints**. A substantial portion of UNICEF assistance during the current programme has been used to fill data and information

gaps in new or emerging problem areas. Studies have been supported in areas such as child care in families with working mothers and the special needs of disabled pre-school children. UNICEF has also helped to organize training and workshops on community monitoring and the protection of children against abusive and exploitative treatment. Child participation has been encouraged in activities such as youth peer group education on healthy lifestyles and HIV/AIDS prevention. Surveys of urban children have been used to assess the "child friendliness" of neighbourhoods in terms of physical safety, living and recreational space, water and air pollution, and other characteristics. UNICEF activities have been constrained by the very limited availability of programme funds.

20. **Assessment of programme strategies: lessons learned**. Annual and mid-term reviews have recognized that closer partnership with non-governmental organizations (NGOs) and other civil society groups provide opportunities for more flexible and innovative programming, especially in newer areas where mechanisms for effective grass-roots involvement are still being developed. There is also a clear need to formulate and operationalize a clear strategy for mobilizing the very considerable resources that exist within Malaysia to sustain or increase support for children's and women's issues despite declining inputs from UNICEF and other external donors. The major challenge is to deploy the limited funds and small-scale assistance of UNICEF in such a way as to leverage further contributions and trigger larger and more far-reaching activities on behalf of children and women.

21. **CPMP**. Given that the UNICEF office in Kuala Lumpur consists of only the head of office, three support staff and a driver, a formal CPMP has not been considered necessary or appropriate. However, an open management system is employed, and all staff are kept informed of current issues and decisions.

Mongolia

22. As Mongolia marked the tenth anniversary of the Democratic Revolution in 1999, the struggle to transform its economy, achieve an effective and stable political foundation, and meet the needs and aspirations of its citizens continued. Although some key macroeconomic indicators are favourable, the volatile political environment has slowed progress on important initiatives, and there has been erosion in resource allocations for basic social services. On the other hand, new laws were passed during 1999 that bring Mongolia into compliance with international conventions on international child adoption and the worst forms of child labour.

23. **The situation of children and women**. Social statistics present a mixed picture in Mongolia. Many key indicators, such as infant and child mortality and enrolment rates, are generally good compared to other developing countries, but in some areas, such as maternal mortality and literacy, there are fears of slippage from levels achieved earlier. The situation is complicated by significant discrepancies that have emerged in several areas between survey findings and routine service statistics. Physical infrastructure is deteriorating in the social sectors, particularly in education, where many schools are unsafe, poorly heated in winter and ill equipped. Iodine deficiency is a major public nutrition problem, but only 32 per cent of households consume iodized salt. Nearly 30 per cent of children are stunted. A 1998 living standards survey concluded that 36 per cent of the population were living in poverty, one half of them in extreme poverty. This high poverty incidence underlies many of the problems that have emerged over the past decade. Alcoholism and violence in the home have become national concerns and contribute in a major way to the rapid growth in the number of street children, drug abuse, unsafe sexual behaviour and depression too often leading to suicide.

24. **Achievements and constraints**. Important progress has been made in community-based initiatives in health, education, and child and family welfare. The community and health project has introduced community-managed revolving drug funds and mechanisms for payment in-kind or on credit for health services, resulting in the demonstrably increased availability of essential drugs, improved access and equity in primary health care delivery, reduced costs and increased efficiency. The community-based approach to primary education project has introduced child-friendly and participatory teaching methods. It has also encouraged the active involvement of parents and local government officials in assessing needs in the school environment, such as the heating system, and mobilizing community resources to help bring about improvements. The project also includes a non-formal education component for children who have dropped

out of school. Other projects are attempting to apply similar concepts of community mobilization, family involvement, capacity-building and collaboration between community members and official agencies to the specific problems of street children, the rehabilitation of disabled children and poverty alleviation.

25. A major constraint in all of these community-based projects is that they are currently small in scale, with limited outreach capacity. Even when their popularity and successful performance have been fully demonstrated, there is a need to ensure that they complement rather than compete with mainstream systems.

26. A significant beginning has also been made in promoting child participation in the context of today's realities. In collaboration with the United Nations Country Team, a series of One-World Conferences has been organized to help empower and challenge Mongolia's youth to take a more active role in public life. As part of this initiative, UNICEF, with support from the United Nations Foundation, launched a national adolescent needs assessment to involve youth in the planning, analysis and implementation of programmes to meet their priority needs.

27. **Assessment of programme strategies: lessons learned**. The MTR agreed that no substantial changes were needed in the country programme structure. The programme should continue to work towards achievement of the World Summit for Children goals and those of the National Programme of Action, with particular focus on universal salt iodization and the elimination of IDD, the reduction of maternal mortality and child protection goals. In all programme areas, efficiency, sustainability and equity should be emphasized. The MTR strongly recommended that both the Government and donors should vigorously implement the 20/20 Initiative for basic social services. A need for greater coordination of donor inputs, better strategic planning linked to resource mobilization efforts, and improved data, coupled with more effective utilization for monitoring and evaluation, was also recognized.

28. **CPMP**. A CPMP is currently being prepared in light of MTR recommendations. Beginning in 1998, the office began a systematic revision of the internal management structure and its work processes, as well as preparations for the introduction of the Programme Manager System (PROMS). A control self-assessment was undertaken in early 1999 to further promote management excellence.

Pacific island countries

29. The geographical fragmentation of the Pacific subregion, and the need to work with 13 separate Governments and many more sectoral departments, NGOs and other civil society organizations, pose an ongoing challenge to the management and implementation of the UNICEF-supported programme in the Pacific. Matters were complicated in 1999 by a change of Government in six of the island nations. Many of the countries of the subregion have only recently gained access to television and the Internet, whose impact, both positive and negative, will undoubtedly be substantial, although the specific implications are far from clear.

30. **The situation of children and women**. While many improvements in children's welfare over the past decade are apparent, a lack of current and reliable data makes it difficult to document and monitor the degree of improvement in specific areas and countries. In most of the subregion, access to basic education is good and literacy rates are relatively high, generally with little gender disparity. The main exceptions are the Solomon Islands and Vanuatu. In many countries, however, primary school completion rates are poor, and tests of general literacy have yielded disappointing results.

31. Seven countries have reduced overall infant and child mortality by at least one third over the past decade. EPI coverage is over 80 per cent in all but one of the programme countries. Vitamin A deficiency is known to be very high in some countries, and the distribution of capsules and promotion of improved dietary habits have been instituted in the Federated States of Micronesia, the Marshall Islands and Kiribati. In Fiji, an assessment of iodine deficiency found a significant prevalence of IDD, which has prompted the authorities to require that all imported salt be iodized. Iron deficiency anaemia is widespread throughout the Pacific, although only Fiji has a comprehensive plan of action for addressing the problem. While the basic challenges of child survival have been overcome in most Pacific island countries, non-communicable diseases, obesity and other problems related to unhealthy dietary practices and lifestyles are emerging as critical concerns. An increased interest in human

rights issues and a greater openness in public discussions of them are apparent in many parts of the subregion.

32. **Achievements and constraints**. A major focus of UNICEF advocacy in the current cooperation has been to encourage and assist Governments and civil society groups to become more active and effective promoters of children's rights and welfare. National coordinating bodies for children (NCBs) have been formally established in almost all countries, although not all are active. A two-day training session following the MTR meeting was designed to clarify the role of NCBs, provide an opportunity for the exchange of practical experiences, and generally revitalize and strengthen the NCBs in their monitoring and advocacy functions. To enhance the learning environment for pre-school children, teacher training, curriculum and materials development, and the establishment of model centres for early childhood care and education (ECCE) have been supported, in conjunction with workshops on ECCE concepts and methodologies for parents, teachers and students in teacher-training colleges. Early indications are very positive, particularly in the Solomon Islands, and dramatic improvements in parent awareness and involvement are reported.

33. **Assessment of programme strategies: lessons learned**. The MTR exercise generally reconfirmed the appropriateness of the Pacific islands programme of cooperation. However, the need for more streamlined procedures, clearer links between UNICEF support and programme objectives, and a reduction of ad hoc assistance is recognized. To provide closer and more regular contact with local programme activities, the MTR recommended that United Nations Volunteers be posted in five priority countries. It was also agreed that UNICEF cooperation should focus more on the region's least developed countries, especially the Solomon Islands and Vanuatu. Follow-up action is being taken on these recommendations. Continuous UNICEF advocacy, along with the preparation and review of reports to the Committee on the Rights of the Child, have contributed significantly to improved awareness and promotion of universal rights. Indeed, the MTR exercise itself was used to reinforce the concept of the cooperative programme as a mechanism for the progressive realization of children's and women's rights.

34. **CPMP**. The MTR process stimulated a substantial review and analysis of the internal structure, staffing and procedures of UNICEF. The new annual programme budget ceiling, raised from $1.4 million to $2.0 million effective in 1999, and the introduction of PROMS have additional implications for office organization and management. Some adjustments have already been made, but the first formal CPMP will be developed in 2000.

Major country programme evaluations

East Asia and Pacific region external review: Mekong subregion sexually transmitted diseases-HIV/AIDS project

35. This was a qualitative assessment carried out by a team of three external consultants selected by the main partners in the project: the Government of the Netherlands; the Joint United Nations Programme on HIV/AIDS (UNAIDS); and UNICEF. All three team members were senior people with expertise and experience in various aspects of HIV/AIDS programming. The regional assessment built on earlier country-level reviews carried out by other external consultants in each of the Mekong project's six participating countries. Country assessment reports and briefing sessions with country reviewers constituted a major input into the regional exercise, along with interviews and group discussions; field visits; consultations with UNICEF staff, government officials and other project partners at both regional and country levels; and a review of project documentation.

36. Substantively, the regional assessment focused on achievements in the four key result areas identified by the project: (a) the design and implementation of innovative and effective behavioural change materials and processes; (b) increased availability of, and access to, effective reproductive health advice and services; (c) increased availability of community-based care and support for affected individuals and communities; and (d) improved design and implementation capacity in HIV/AIDS prevention and care. In addition, two broad organizational questions relating to the relative advantages of a subregional project managed from the UNICEF Regional Office in Bangkok and to the project's contribution in strengthening UNAIDS at subregional and country levels were also addressed.

37. The results of the assessment were positive in all areas reviewed. In each of the key result areas, many examples of "innovative and important achievements" were cited. On the benefits of the subregional structure of the project, the regional team agreed with all country reviewers that this approach has produced tangible results that "stand-alone" country programmes could not have achieved as well or as quickly, if at all. Examples cited included areas such as intercountry experience exchange and sharing of lessons learned. In some countries such as Cambodia, Myanmar and Yunan province of China, the subregional approach facilitated greater donor responsiveness. This approach also enabled countries to learn from the many positive and innovative experiences of Thailand. Finally, on the role of the project in strengthening UNAIDS, the review found that UNICEF has consistently taken opportunities to develop collaboration with UNAIDS and its other co-sponsoring agencies. Based on the findings of this review, a second phase of the subregional programme has been initiated incorporating its recommendations.

Democratic People's Republic of Korea: nutrition survey

38. This survey was undertaken to assess the nutritional status of children in the wake of the recent natural disasters and economic crisis. Its main purpose was to establish a firm basis for improved programme planning and a baseline against which future assessments could be undertaken. Technical and financial inputs were provided by three sponsoring agencies — WFP, the European Union and UNICEF — while logistical support and manpower were contributed by the Government. A multi-stage stratified sampling design was employed to select a representative sample of children between the ages of six months and seven years old. However, since access for international assistance personnel was prohibited in some areas, the survey actually covered only 130 of the country's 212 counties, representing 71 per cent of the total population. A total of 1,762 children were measured for weight and height and examined for signs of oedema (the key clinical sign of kwashiorkor). Three standard indices of nutritional status were computed for each child: weight-for-height, a sign of acute malnutrition or wasting; height-for-age, an indicator of chronic malnutrition or stunting; and weight-for-age, a general measure of undernutrition. Field work was carried out by five-member teams consisting of a person from one of the sponsoring agencies and four nationals of the Democratic People's Republic of Korea — two health officers, an interpreter and a driver.

39. As expected, the survey found a very high prevalence of malnutrition. Overall, moderate and severe wasting affected approximately 16 per cent of the children, including about 3 per cent with oedema. Both stunting and underweight were detected in just over 60 per cent of the sampled children. Analysis showed that wasting peaks at over 30 per cent in the 12- to 24-month age group and falls off fairly quickly thereafter. Stunting and underweight, on the other hand, tend to continue rising through the fourth year, with little decline among older children. In general, the prevalence of malnutrition is substantially higher among boys than girls, particularly for wasting and underweight. These findings have been used by UNICEF and other agencies to better target child nutrition interventions in the country. A second nutrition survey is planned in 2000.

Viet Nam: study on the possible pollution caused by water-seal latrines to groundsoil and water after 10 years of operation

40. This study was undertaken at the request of UNICEF and the Vietnamese Ministry of Health to investigate whether or not water-seal latrines, constructed with UNICEF assistance during the period 1988-1993, had become sources of soil and groundwater contamination after about a decade of use. Both microbiological and chemical contamination were considered. In all, 24 water-seal latrines were selected in two communes located in the Red River delta. The selected locations were chosen as representative of the loamy soils of the delta region. Soil and groundwater contamination were evaluated at 16 of the latrine sites, while a simple survey of physical conditions and use characteristics was carried out at all 24 sites. The Centre of Environmental Chemistry, Hanoi National University, conducted the research.

41. Soil and groundwater samples were collected in both the wet and dry seasons to allow for changes in temperature and surface run-off. Reference samples were also collected from the same locations, but at

least 20 metres from latrines and other potential pollution sources. Tests for the presence of faecal coliform bacteria were used to evaluate both soil and groundwater contamination. In addition, water samples from 62 dug wells and tube-wells (including five reference wells) in the vicinity of the sample latrines were tested for unsafe chemical properties.

42. The study report concludes that there is no widespread bacteriological contamination of soil and groundwater surrounding the sample water-seal latrines. Water quality from 56 of the 62 wells tested was rated acceptable to good, and where contamination was found, sources other than the latrines, such as deteriorated pumps or nearby pigsties, were much more likely to be the cause. Similarly, chemical tests showed that most wells met WHO and Vietnamese standards, and that latrine effluence did not appear to affect water quality.

Conclusion

43. Although they differ substantially in detail and deal with very different programme environments, the five MTRs outlined above share several common features. First, they represent major investments in time and human resources for the offices involved. The planning, preparation and implementation for most of these exercises extended over a period of three to six months. Secondly, the reviews generally involved a wide range of participants, including government counterparts, partners from bilateral and multilateral agencies, NGOs and representatives of members of the UNICEF Executive Board. In a real sense, all of these MTRs were evaluative exercises, examining and analysing evidence already available or specifically assembled to determine the relevance, effectiveness and impact of the country programme and its major parts.

44. The activities described in the second section of this report are also evaluative, but of a different sort. They are more sharply focused and limited in scale than MTRs, but share with them the objective of informing programme planners and managers about what is working and what is not. The selected exercises represent a wide range of approaches designed to address different kinds of questions and utilize different kinds of data. The Mekong review is a broad thematic evaluation, examining qualitative data on similar programme activities carried out in widely varying conditions. The Viet Nam study is sharply focused and mostly quantitative, but the question it addresses has broad programmatic implications for UNICEF assistance. The Democratic People's Republic of Korea nutrition survey is not itself an evaluation, but as a baseline assessment, it serves as an essential prerequisite for any subsequent appraisal of change in the nutritional status of children in the country. Each of these studies has led to modifications in implementation and further programme development.

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Summary of mid-term reviews and major evaluations of country programmes

South Asia region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1) which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, *inter alia*, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in the present report were conducted during 1999.

Introduction

1. Three mid-term reviews (MTRs) were conducted in South Asia during 1999 — for the programmes in Bhutan, Nepal and Sri Lanka. Four major evaluations are also reported on in the present document: (a) the Ministry of Local Government and Rural Development Water Supply and Environmental Sanitation Programme supported by UNICEF (1992-1998) in Pakistan; (b) UNICEF support to the water and environmental sanitation (WES) programme over a period of 30 years in India; (c) the Chittagong Hills Tract project in Bangladesh; and (d) the Urban Basic Services Development Project in Bangladesh.

Country mid-term reviews

Bhutan

2. The MTR was undertaken jointly by the Government and UNICEF, with the participation of other United Nations agencies and donor representatives.

3. **The situation of children and women**. The economy has continued to improve, with an average

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annual growth rate of 6 per cent. The Government allocates 23 per cent of the national budget to the social sector, which, together with Bangladesh and Maldives, places Bhutan among the highest in the region. However, there has not been a review to assess how much of this is allocated to basic social services, although it is estimated to consume up to 75 per cent of total social sector expenditures.

4. Expanded programme on immunization (EPI) coverage, which reached 80 per cent in the early 1990s, has been sustained. The maternal mortality rate is high. The official United Nations rate quotes 1,600 maternal deaths per 100,000 live births, but government figures quote a rate of 380. Methodological and denomination problems remain to be resolved. The Government has developed a safe motherhood policy in association with the World Health Organization (WHO), the United Nations Population Fund (UNFPA) and UNICEF. This will be reinforced from 2000 by additional resources available from a region-wide programme supported by the Bill Gates Foundation. Eleven cases of HIV/AIDS have been identified, and the Government understands the danger of escalation and is undertaking a nationwide communication campaign on the problem. The push for a two-child family norm continues, although statistics on trends in fertility are not available. The total goitre rate was reduced from a high of 24 per cent in 1990 to 14 per cent in 1996 owing to the universal availability of iodized salt produced in the country and supported by Kiwanis through UNICEF. Five districts are being monitored annually for the total goitre prevalence rate on a rotation basis so that eventually all districts will be monitored.

5. Gross primary education enrolment is 72 per cent, with girls approaching parity as more enrol each year (43 per cent of enrollees in 1996 compared to 46 per cent in 1999). However, net enrolment stands at 69.6 per cent. Non-formal education is expanding as communities request authorities to establish literacy classes, mainly for adolescent girls. In 1999, four graduates of the non-formal education programme, which is assisted by UNICEF, became representatives of their villages in the National Assembly, in which there are now nine women.

6. Improved water coverage has increased from 57 per cent in 1997 to 63 per cent in 1999; and sanitation from 70 to 82 per cent during the same period. UNICEF was the major implementing partner in the rural water and sanitation sector starting in 1974, when coverage was barely 3 per cent. In the interim, 1,800 water supply schemes were established with UNICEF support. Many donors funded this project through UNICEF, including the Danish International Development Agency (DANIDA), the European Union, the Organization of Petroleum Exporting Countries, and the Governments of Australia, Austria, Canada, Germany, Japan and the United Kingdom.

7. The Government is becoming more representative. In 1998, the monarchy devolved powers to an elected cabinet, while decentralization is taking place through strengthening district and block administrations and local popular assemblies. In June 1999, a communications barrier was lifted as Bhutan connected to the Internet and broadcast its first domestic television programme.

8. **Achievements and constraints.** Seven years overdue, the first report on implementation of the Convention on the Rights of the Child was submitted to the Committee on the Rights of the Child in March 1999. Through advocacy and discussion programmes, the principles of rights-based programming are becoming familiar to key government counterparts.

9. After 25 years, UNICEF ended direct involvement in nationwide rural water supply activities, but will continue to focus on sanitation and hygiene education. In the first national push to achieve the universal safe water coverage goals, DANIDA will assume direct funding and support for the rural water sector. A formative evaluation of the innovative model village project, which focuses on improving the environmental conditions of villages through a combination, *inter alia*, of water and sanitation interventions, hygiene education and village health volunteers, indicated success in reducing the incidence of disease in the most advanced villages. Between the MTR and the end of the current country programme, there will be a stronger focus on this project, moving towards full implementation of the programme model in villages in districts throughout the country. The evaluation of the religion and health project, which aims at improving the quality of life by harmonizing religious faith and practice with information on modern health care, especially improved hygiene, showed gains as religious practitioners have adopted and advocated improved health and hygiene practices at the community level.

10. National immunization days (NIDs), massive logistical feats for a nation with few roads, have continued with UNICEF and WHO support. UNICEF has assisted through advocacy and NIDs, the training of village health workers, and the provision of vaccines and other supplies. Despite bordering an area where polio is still prevalent, no cases of the disease have been reported in the country since 1986.

11. Primary education enrolment and achievement levels continue to rise. UNICEF assists through the provision of textbooks; teacher training for multigrade education; and improvement of educational and living facilities, targeting girls in particular. An emerging constraint is the shortage of trained teachers, which threatens recent quality gains. Innovative teacher-training methods are under investigation. Those who have graduated from the non-formal education courses supported by the programme have indeed acquired literacy and numeracy skills, as well as relevant life skills, and appear to be sustaining their literacy skills after 12 months.

12. Two cross-cutting constraints face the programme. First, limited infrastructure for the transportation of goods, such as supplies for the water and sanitation programmes, is proving to be a perennial constraint for programmes in Bhutan and can hinder implementation. Secondly, restructuring in the civil service, including the promotion and transfer of key staff, has been a constraint. The UNICEF office has also recently undergone a high number of staff transfers, which has compounded the slow-down in implementation.

13. **Assessment of programme strategies: lessons learned**. Given that DANIDA has assumed responsibility for assistance to the water sector, the key MTR decision was to redirect the UNICEF sectoral focus away from nationwide assistance to the sector to the health leadership role of monastic institutions, to accelerate basic education and to expand the innovative model village strategy. This decision was supported by findings of the MTR evaluation of the religion and health project, which validated the strategy of health promotion through monks as an important channel for secular behaviour change.

14. The evaluation of the innovative non-formal education project concluded that the project was working well, creating significant demand, especially among women wanting a second chance at education. With the Government expanding the project, the MTR decided that UNICEF should increase its assistance.

15. UNICEF support to help improve the availability and use of data has been slower than envisaged due to an overestimation of both UNICEF and government capacity. Improved interdepartmental coordination and standardization of the data collection system are necessary. Ministries have different data which are often neither collated nor analysed. The capacity to analyse project costs is weak, so it is rarely done. With the advocacy and interest of many donors, the Government is moving towards strengthening evaluation. UNICEF has been focusing more on this programme starting in 1999.

16. The review pointed to the need for a stronger communications strategy, taking advantage of the Government's push into the new media and focusing increasingly on supporting parenting skills for early child care and development (ECCD).

17. **Country programme management plan (CPMP)**. The existing programme structure is being streamlined to take into account new programme thrusts in communication; sanitation, especially in model villages; and building capacity for evaluation. The Child Info database will also be strengthened.

Nepal

18. A steering group set up by the National Planning Commission and UNICEF Nepal coordinated the MTR exercise starting in January 1999. In addition to individual programme reviews conducted with the concerned government ministry, thematic reviews were carried out on the human rights approach to programming, gender, early childhood care (ECC), decentralization and participatory development, information systems on the situation of children and women, and resource mobilization. The review featured meetings at national and subnational levels and included the views of children. The UNFPA Country Support Team helped to update the analysis of the situation of children and women.

19. **The situation of children and women**. While the mean annual per capita income is $210, many live on less than $50 per year. In 1999, the population was estimated at 22 million, and it is predicted to increase to 32 million by 2016. Over one half of the nation live in isolated communities in the hills and mountains. The

under-five mortality rate (U5MR) has decreased from 195 per 1,000 live births in 1980 to 100 in 1999. Mortality is higher in the west and in the mountains. The most common causes of under-five mortality are acute respiratory infections and dehydration due to diarrhoea. The total gross primary school enrolment for girls has risen from 18 per cent in 1975 to over 98 per cent in 1996. However, girls' primary net enrolment was only 58 per cent in 1996 compared to 79 per cent for boys. Overall, the proportion of girls in school has risen from 18 to 40 per cent. The majority of districts still have low net enrolment ratios for girls, especially in the west. Rates of child malnutrition have changed little in the last 25 years; over 50 per cent of children under five years old are stunted compared to 65 per cent in 1975. For children under five years old, 5 in 10 suffer from protein-energy malnutrition (PEM), 8 in 10 from anaemia, 3 in 10 from vitamin A deficiency and 1 in 10 from iodine deficiency disorders.

20. Women and girls face multiple discriminations. Female literacy is the lowest among countries of the South Asian Association for Regional Cooperation. Almost one fifth of girls are married by the age of 15 years, and 60 per cent by the age of 18. Over one half begin childbearing by the age of 19 years. Three quarters of pregnant women are anaemic and only 1 per cent take iron supplements. Over 90 per cent of deliveries take place at home, generally without the assistance of a trained birth attendant. In a nationwide sample in 1996, in almost one half of the communities interviewed, women said that they were beaten often.

21. In terms of the policy environment, the most significant development during the first half of the programme was the passage of the Local Self-Governance Act and consolidation of the trend towards decentralization to local government authorities at district, municipal and village levels. Political instability in the central Government was the norm, with four administrations being formed. In 1999, a majority Government was elected. Insurgency, which is severely affecting the lives of families in 15 of 75 districts, is on the rise. This will be an important contextual factor in planning the next programme.

22. **Achievements and constraints**. There have been several achievements in basic education, including the start of a sector improvement plan in 1999 for basic and primary education, with joint funding by seven donors. UNICEF has been closely involved in planning and monitoring this programme, while maintaining its independence from the financial convergence of its joint funding mechanism. In addition, the Government has made early childhood development through community-based, pre-primary centres a key element in improving the efficiency of primary schools, with 10,000 child development centres to be established by 2004.

23. There has been progress in eradicating polio. The UNICEF-assisted programme supported a series of four annual NIDs since 1997 covering 4 million children in each round. As part of the eradication strategy, a surveillance system has been established with support from WHO and the United States Agency for International Development (USAID). UNICEF and USAID also supported the vitamin A programme, which aimed to benefit 2.6 million children in 59 of the 75 districts. Surveys showed that 90 per cent of the target group were reached in each distribution round. All districts will be covered by 2001. More than 80 per cent of households are currently using iodized salt. Visible goitre has all but disappeared.

24. The decentralized planning for the child programme, supported jointly by UNICEF and the United Nations Development Programme (UNDP), has started in 13 districts. Community organizations are involved in efforts to reduce child malnutrition. Drastic reductions have been reported from several districts.

25. Political instability, including frequent changes of Government and transfers of field-level government staff, continues to be a major constraint affecting social development programmes in the country.

26. **Assessment of programme strategies: lessons learned.** The main conclusion of the MTR recommended strengthening decentralization and district-focused approaches as overriding strategies for UNICEF cooperation. This took into account evolving government policy on decentralization and, particularly, the passage of the Local Self-Governance Act. The World Bank, the Asian Development Bank and certain bilateral agencies are now taking leading roles in sector development. Given its broad technical staff profile, the main role of UNICEF is to promote innovative holistic rights-oriented approaches district-wide in coordination with other United Nations partners, notably UNDP. Where programme models work well, the larger donors can support the Government in expanding the new approaches nationwide. In line with this, the MTR decided that the

majority of UNICEF-assisted activities should concentrate in a limited number of focus districts so that the interactions between sectoral interventions and the modalities needed for decentralized planning, implementation and monitoring can be explored. Key areas of national programming, such as immunization, vitamin A supplementation and salt iodization, would, nevertheless, continue to be implemented with UNICEF cooperation across the entire nation.

27. In addition, the MTR also decided that human rights approaches will be strengthened, with particular reference to fostering increased participation of all programme stakeholders, including children, in planning, development and evaluation. More will be done to target particularly vulnerable groups and to increase government accountability at all levels. Gender equity will be addressed more explicitly by targeting geographic areas that are especially prone to gender discrimination, tackling instances of systemic discrimination in the law and in administration, and by combating negative gender stereotyping and making information systems more gender sensitive. More integrated ECCD strategies for the survival, growth and development of the youngest children, including during foetal growth, will be developed in line with the main conclusion on decentralization. A new focus on adolescence will be developed, initially through the education programme, both to prepare young people for their responsibilities as adults and parents, and to prevent such problems as child marriage, trafficking and the spread of HIV/AIDS. More resources will be channelled towards engaging non-governmental organizations (NGOs) and other elements of civil society in the realization of children's and women's rights. Collaboration with United Nations agencies, such as those with UNDP on decentralization, WHO on polio eradication, UNFPA on reproductive health, the International Labour Organization on elimination of child labour, and the entire United Nations Country Team on child trafficking and HIV/AIDS, will be strengthened. UNICEF is seeking to increase Government involvement in mobilizing external resources for the programme.

28. **CPMP**. Programme management within UNICEF will be further decentralized to the four subnational field offices. The experiment of employing district field officers (currently on short-term contracts) in focus districts will continue. A human resources development plan is being developed.

Sri Lanka

29. **The situation of children and women**. The long-standing civil war has intensified. Military expenditure increased from 1.7 per cent of total public expenditure in 1980 to 15.7 per cent in 1995, representing the second largest budgetary share of total military expenditure in South Asia, after Pakistan. The numbers of displaced children, children in orphanages, children who have dropped out of school, child labourers, malnourished children and children with malaria are increasing. In the south and west, U5MR has continued to decline to less than 19 per 1,000 live births; no reliable data exist for the conflict-affected north and east. Average per capita income is $800. Income is highly skewed, with much lower averages in the north and east; families of 350,000 displaced children are too poor to purchase their own school equipment.

30. Child PEM has improved slowly in the south and west from 50 per cent in 1975, to less than 40 per cent in 1993, to around 30 per cent in 1996. Yet, some 70,000 children a year are still born malnourished, with a birth weight below 2.5 kilograms. Vitamin A and iron deficiencies among children are major concerns. However, high levels of immunization coverage have been maintained, even in the north and east.

31. A nationwide audit of maternal death, supported by UNICEF, revealed that maternal deaths are nearly three times higher than had been thought, but substantially less than had been predicted by the UNICEF/UNFPA/WHO model. The largest number of women die from complications associated with pregnancy and their limited access to quality care. The audit also revealed a significantly higher number of suicides than regular health statistics were picking up. By mid-1999, 256 HIV/AIDS cases had been confirmed, 38 per cent of which were women. There could be 6,000 people infected with HIV; however, this might still be an underestimation.

32. By 1992, 9 out of 10 primary school-aged children attended school in the south and west. Participation rates show that at least 200,000 children between the ages of 5-14 years do not attend regularly. An assessment of mastery levels showed no improvement between 1994 and 1998. In the north and east, one half of education posts are now vacant, and at the secondary level, there is a declining trend in achievement.

33. **Achievements and constraints**. The Government recognizes gaps in ECC policy and, with UNICEF support, is now finalizing a new policy. The training of nutrition and health workers in concepts of cognitive and psychosocial development, schoolteachers in survival and growth, and mothers in caring practices will be addressed. UNICEF has been supporting innovative programme models based on the new policy. One example is the crèche programme on tea estates, which relies on strong participation from community organizations and plantation management. Another example is the participatory nutrition improvement programme based in rural villages in the south and west. Preliminary results show a 50 per cent reduction of low-birth-weight rates, from 29 to 15 per cent. More than one half of pregnant mothers are now eating extra food during pregnancy, attending antenatal clinics regularly, and consuming iron and folate supplements.

34. Professional groups became more convinced that it was safe to iodize salt. The percentage of salt that has been iodized has risen from 10 in 1994 to about 50 in 1999. Between 1997 to 1999, 60 large hospitals were declared "baby-friendly", and media programmes on breastfeeding were conducted. Pre-school enrolments have risen from 40 per cent in 1994 to over 70 per cent. HIV/AIDS awareness has increased and targets free trade zone workers, displaced persons, religious leaders and school health clubs.

35. The overriding programme constraint is the difficulty of maintaining a coherent programme plan in conflict-affected areas. The absence of monitoring tools and procedures to track progress has allowed certain activities to be neglected or to move in unplanned directions. The programme's main achievements are limited to the delivery of supplies such as ambulances, materials for well and latrine construction, and requirements for immunization services.

36. **Assessment of programme strategies: lessons learned**. The MTR concluded that the programme consists of many small, disparate projects, mainly in the south and west, and one separate large emergency programme in the north and east. There is little technical interaction between staff working in the south and west and those working in the north and east. Thus, the country programme lacks a holistic focus. A major restructuring will be undertaken to integrate human, material and financial resources into the various programme components.

37. The review noted that the programme in the north and east is consistent with national policy, and that some form of implementation of national programmes continues there as elsewhere. However, the special needs of children in conflict zones, for example, for psychosocial support or for continuity of services despite population displacement, need to be addressed more systematically.

38. The process of learning lessons from the complex and innovative participatory nutrition improvement programme strategy remains incomplete since the full programme model is not yet fully operational. For example, the costs of maintaining the programme are not yet clear. Work will continue on learning lessons from this major intervention, which is being followed with interest by national and international partners.

39. Efforts to increase the awareness of programme partners about child protection issues and to increase the Government's capacity to address them were appreciated. For example, using school clubs to educate children on HIV/AIDS has turned out to be faster and more effective than modifying the school curriculum. A highly-publicized 24-hour hotline at the women's and children's desk in selected police stations resulted in an increase in complaints from 1997 to 1999 about child labour and sexual abuse cases. An unexpected spin-off of the strategy of highlighting the domestic child labour issue has been its reported influence in helping to reduce the domestic abuse of children. In the estate sector, health services were strengthened and 125 crèches were upgraded.

40. The programmes focused attention on the need to prioritize increased availability and use of data in critical areas. In-depth analysis and presentation of education statistics drew the attention of the cabinet to the fact that educational standards were lower than previously thought, with no improvement in basic competencies between 1994 and 1999. The audit of maternal death drew attention to the general decline in the once world-renowned vital registration system. In 2000, the programme plans to extend a major health survey to the north and east to obtain the first reliable demographic and health statistics from the conflict zone in 20 years.

41. In the future, the country programme will build upon a life-cycle approach. There will be a greater focus on integrated interventions at the crucial stages of a child's physical, psychological and psychosocial

development, with particular reference to the integration of service delivery for the young child.

42. **CPMP**. With the added responsibility of an ever-expanding programme in the north and east, and the need to oversee operations functions of the Male office, the decision has been made to internationalize the post of head of the Operations Section. In the Information and Communication Cluster, the creation of a Junior Professional Officer post is proposed to strengthen office capacity in advocacy and communication to further promote the concept of "children as zones of peace". One professional post has been deployed to the Vavuniya sub-office. This will ensure better UNICEF representation and closer attention to the needs of children in the conflict-affected areas.

Major country programme evaluations

Pakistan: Evaluation of the Ministry of Local Government and Rural Development Water Supply and Environmental Sanitation Programme supported by UNICEF in 1992-1998

43. The programme facilitates the provision of low-cost WES solutions and hygiene education to people in rural areas nationwide. The programme provided over 25,100 handpumps, over 158,000 slabs and pans for household latrines, and material for approximately 160 gravity-flow schemes. Almost 10,000 service users were interviewed, and over 1,200 handpumps, over 2,500 latrines, 183 schools and 16 gravity-flow schemes were examined.

44. Of the total handpumps, three quarters were found to be working, and the water from over 90 per cent of them was of acceptable quality. Among the latrines, four out of five were in use and more than three quarters were clean; figures varied by province, with handpump maintenance a particular problem in Punjab. Nine out of 10 schools had latrines, but in 40 per cent of cases, they were used exclusively by the teachers. The evaluation confirmed that separate latrines for girls are a major draw in helping to reduce gender disparity in school attendance, but strengthened school supervision is recommended to ensure that children have access to the facilities provided.

45. Hygiene education for schools and households has not been as successful. Some 87 per cent of women interviewed recalled receiving no hygiene education, and where hygiene education was carried out, one half of women felt that there had been no change in habits. About 81 per cent of teachers had no special training, but 87 per cent claimed to give hygiene instructions. The evaluation recommends identifying new communication strategies to promote hygiene and sanitation, improved standards for component manufacturing, and a stronger community role in the placement and servicing of pumps and latrines.

46. Regarding policy and management, evaluation stakeholders in the Government agreed that sectoral coordination at federal and provincial levels was weak. Thus, UNICEF and its partners will seek to enhance coordination. Some 90 per cent of the government budget to the sector is allocated to high-cost schemes servicing urban centres via the Pubic Health and Engineering Department, while only 10 per cent is allocated to the programme under evaluation. However, the latter has achieved far more with these limited resources to reach national WES goals, but remains under-funded. Discussion of the possibility of the reallocation of resources to low-cost technologies has not produced a tangible outcome so far. Evaluation stakeholders agreed that partnerships with NGOs and the private sector are weaker than they should be. The process for evaluating and reaching agreement on the policy implications of innovations such as village-wide drainage and waste management systems, an area in which this programme has made investments, is also weak.

India: Evaluation of UNICEF support to water and environmental sanitation over 30 years

47. Major funding for this evaluation was provided by the Department for International Development (DfID) (United Kingdom). Led by the London School of Hygiene and Tropical Medicine, evaluators were drawn from various agencies and institutions. The UNICEF Evaluation Office facilitated the evaluation.

48. The evaluators concluded that the UNICEF contribution to the promotion of cost-effective drilled wells and handpumps has been of tremendous benefit to the rural population. By 1999, about 3 million

community handpumps had been installed. These handpumps are vital for drinking water supply to at least one third of the population in 11 states. Strong national management emphasis on reaching time-bound coverage targets has been at the cost of borehole construction standards, which have been of low quality in some areas. On handpump production, when UNICEF was directly involved, quality was maintained. Standards are slipping now that UNICEF is no longer involved in quality assurance. UNICEF has worked in the forefront of developing handpump maintenance systems, but a comprehensive system for managing and self-financing community-based water supply maintenance has not yet been established. The strengthening of the *panchayati raj* (local bodies in rural areas) system provides a new opportunity to strengthen local management. A major focus of the programme, and a great success, has been the effort to build capacity for the manufacture of drilling rigs and handpumps. The industry has grown and includes production for export. The private sector partnership in the development of pumps, drilling rigs and other accessories is a factor of programme sustainability and expansion in other countries beyond India.

49. The evaluators agreed with UNICEF, government staff and other programme stakeholders that the future focus of UNICEF support, as described in the most recent country programme recommendation for India (E/ICEF/1998/P/L.31), should be environmental sanitation, along with school sanitation and hygiene education. This will require a retooling of in-house staff skills. Evaluation spin-offs include an excellent internal historical review of the programme, including the cataloguing of many of the programme's reports, some going back 30 years. In addition, DfID followed up the evaluation with a detailed review of current UNICEF staff competencies among the WES team, with recommendations on how to retool the team for the new programme. Finally, DfID has fully funded the other resources component of the new programme plan in the amount of $45 million.

Bangladesh: Evaluation of the Integrated Community Development Project in Chittagong Hills Tract

50. The objective of the Integrated Community Development Project is to improve the living conditions of tribal children and women living in remote areas of the Chittagong Hill Tracts, who receive lower levels of basic social services than the national average, and thus reflect poorer achievements in social indicators. For example, only 53 per cent of tribal children are immunized compared to a national average of 76 per cent, while 13 per cent of tribal mothers received antenatal care compared to the national average of 23 per cent. Contributing factors have been the political instability of the area and the fact that many of the areas are extremely hard to reach. In the area of education, primary school enrolment is lower among tribal children compared to the national average (particularly among girls) for the reasons mentioned above, but also due to language barriers.

51. The project established small community centres called "para-centres" in 1,800 communities, each serving approximately 20 to 25 households. A para-worker, based at the centre, provides pre-school education to young children and promotes public health messages, including reproductive health and sanitation. The mostly female para-workers have been trained in various aspects of para-centre activities, including techniques of providing basic education and communicating important messages related to the survival and well-being of the population. The total annual operating costs of a para-centre (capital and recurrent) is approximately $500. Although the first para-centres were established recently (in 1997), the evaluation concluded that the project had contributed significantly to increasing the awareness of the communities of health and nutrition issues (i.e. an increase from 66.9 to 94 per cent in awareness of iodized salt; and a 15 per cent increase in the adoption of reproductive health measures). The evaluation also found the enrolment and attendance rates of young children in para-centres to be satisfactory, and that ...mmunities had expressed a very positive attitude towards the educational activities of the centres.

52. The strategy of establishing and supporting para-centres as a unique service delivery mechanism was adopted due to the lack of capacity of the sectoral ministries of the Government to provide services to hard-to-reach areas. Despite the overall positive impact of the project, the institutionalization of the project within the local government structure from the initial stage would have contributed to ensuring its sustainability. The project will increase its focus on building the capacity of the local government and other partners to provide services, as well as advocating for a

greater sharing of the recurrent costs of the centres. UNICEF will also promote the use of the centres by other development partners (Government and NGOs) in order to broaden their use and ensure the sustainability of the centres as a service delivery mechanism. The evaluation concluded that support for the para-workers should be increased, such as the frequency of visits by the project officials, which currently averages six visits in seven months. The involvement of the newly established local government structure and traditional leaders (i.e. *Karbari*, traditional community leader) in the management and implementation of the project would also contribute to the sustainability of the project.

Bangladesh: Evaluation of the Urban Basic Services Development Project

53. The urban poor, living mainly in make-shift housing, represent 50 per cent of the urban population of 30 million. Starting in 1996, the programme has supported local government efforts to fulfil the rights of the poor to primary health care, basic education for young children, water and sanitation, and vocational training and legal assistance for women. This is achieved through the development of specialized centres and through advocacy aimed at policy makers to promote the states' obligation to fulfil the rights of the urban poor.

54. By the end of 1999, 206 urban development centres (UDCs) in four city corporations had been established, each serving approximately 2,000 people. In 21 *pourashavas* (small towns), services are provided through community centres. The average yearly cost of the centres is $455 per UDC. The evaluation concluded that the programme had increased awareness of important public health issues, including oral rehydration therapy, immunization and breastfeeding. The water and sanitation activities also had an impact through the provision of tube-wells and facilitation of the construction of latrines. The project increased the awareness decision makers of the rights of the poor living in urban slums.

55. The evaluation found that other development partners had included UDCs in their project models as a platform to deliver basic services. The evaluation recommended that through capacity-building interventions such as training and logistical support, the centres should be institutionalized within the structure of the city corporations/*pourashavas*. The capacity-building and advocacy component of the project will be strengthened. UNICEF will also negotiate with elected representatives to promote greater cost-sharing with the Government.

Conclusion

56. The newly emerging, cross-sectoral discipline of professional programme evaluation is starting to take root in South Asia. In 1999, UNICEF was a facilitator in the founding of the Sri Lanka Evaluation Association. A staff member represented the association at the first meeting of the presidents of evaluation associations in February 2000. UNICEF has been a driving force in the development of a more informal forum for evaluation in Bangladesh in 1999. In a region that is well-endowed with highly-qualified and experienced social sector analysts, this trend towards professionalizing programme evaluation bodes well for increasing the quality of evaluations in the coming years.

57. Within UNICEF, most country programmes in the region have shown increasing interest in integrated monitoring and evaluation planning in country programmes. Programme evaluation standards, which embody the principles of rights-based, have been adopted by many evaluation associations around the world. They are currently being adapted for internal UNICEF guidance and have been widely shared throughout UNICEF in South Asia in the last two years. Rights-based programming requires an investment of more time in all aspects of the programme cycle from evaluation to planning to ensure that child rights principles and the best interests of the child are supported and articulated by key stakeholders. This does demand more selective and focused programme strategies.

58. Finally, in-office work processes for improving the availability and use of both national and subnational data on trends and contrasts of key development outcomes, continue to be strengthened region-wide through the Child Info project. Starting in UNICEF India, the system was adopted regionally in 1996, and 1999 saw its adoption in-house in South-East Asia and in Eastern and Southern Africa. Interest is being shown in some other regions as well. Child Info was also adopted by the wider United Nations system in India, where it is known as Dev Info, and in Maldives.

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For information

Summary of mid-term reviews and major evaluations of country programmes

Middle East and North Africa region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews and major country programme evaluations, specifying, *inter alia*, the results achieved, lessons learned and the need for any adjustment in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The mid-term reviews and evaluations described in the present report were conducted in late 1998 or during 1999.

Introduction

1. The first part of this report examines the mid-term reviews (MTRs) of the UNICEF-assisted country programmes in Sudan, Morocco, Tunisia, Lebanon and Oman, ranked in decreasing order of under-five mortality rates (U5MR). UNICEF faces very different programming challenges in the five countries. Oman, Lebanon and Tunisia are middle-income countries which have achieved most of the World Summit for Children goals, but still have considerable socio-economic and gender disparities. Morocco, another middle-income country, lags further behind in social indicators. Finally Sudan, a low-income country affected by conflict and natural disasters, has among the worst indicators in the region. The report also looks at the MTR of the subregional programme for Palestinian children and women in Jordan, Lebanon, the Syrian Arab Republic, and the West Bank and Gaza.

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2. The report then examines two groups of recent evaluations and research, distinguished by the manner in which UNICEF offices have used them.

Country mid-term reviews

Sudan

3. The MTR for the Sudan country programme began with a series of zonal and sectoral programme reviews involving all partners, including community representatives. The formal review, with the participation of representatives from government bodies, the United Nations, donor agencies and non-governmental organizations (NGOs), was organized jointly by UNICEF and the Ministry of International Cooperation and Investment. Collaboration among United Nations agencies in Sudan is well developed and centres on emergency operations. UNICEF plays the lead role in non-food assistance in Operation Lifeline Sudan (OLS).

4. **The situation of children and women**. The situation in the country continues to be alarming, as ongoing conflict, deteriorating social services and natural disasters take their toll. U5MR is 115 per 1,000 live births, and malaria, diarrhoea and acute respiratory infections (ARI), accompanied by malnutrition, remain the main causes of child death. Surveys show that over 50 per cent of children under the age of five in the southern states are malnourished. From 1996 to 1998, immunization coverage declined from 22 to 14 per cent in the south, and from 90 to 83 per cent in the north. There were over 50 confirmed cases of polio in 1999. Access to safe drinking water remains low, at less than 30 per cent in rural areas. Primary net enrolment rates have declined since 1996, from 46 to 40 per cent nationwide, and from 14 to 9 per cent in the south. The conflict has led to an estimated 3.7 million internally displaced persons (IDPs). The abduction of children and women is another pressing problem.

5. **Achievements**. UNICEF advocacy for children's rights, reinforced by its service delivery and grass-roots interventions, contributed to the Government's cooperation in the tracing, retrieval and reunification of abducted children and women. UNICEF interventions have led to several other positive outcomes for children. The incidence of malaria was reduced by 41 per cent in the Upper Nile State. National Immunization Days (NIDs) reached 95 per cent of children under five in the north of the country, although coverage in the south was variable (20, 88 and 27 per cent, respectively, in 1997, 1998 and 1999). The Child Friendly Village Initiative, now covering 322 villages and a population of 700,000, led to high rates of school enrolment (over 80 per cent) and immunization coverage (100 per cent in 65 per cent of villages). The education programme provided basic education to 20,000 nomadic children (23 per cent of whom were girls) and, through OLS funding, to 300,000 children in conflict areas. Activities to raise awareness on female genital mutilation (FGM) reached over 200,000 people. Over 2 million people benefited from safe water and environmental sanitation (WES) interventions, representing a national increase in access from 40 to 47 per cent. To make up for declining government funding, UNICEF led a fund-raising campaign that generated some $500,000 in local resources for the WES programme. The number of reported cases of Guinea worm disease declined from 110,000 to 13,000 between 1996 and 1999. UNICEF also responded to the 1998 Bahr el Ghazal famine, and managed the OLS-funded supplementary feeding programme and household food security programme, which benefited more than 134,000 families. During 1999, a great deal of time and resources were diverted to respond to floods and meningitis epidemics.

6. **Constraints**. The constraints relate mainly to the prevailing conflict situation and include: weak national capacities; shortage of government staff, often strained relations with the Government due to UNICEF work in human rights; and the lack of access to certain areas and population groups.

7. **Assessment of strategies: lessons learned**. The MTR noted that peace-building and human rights promotion were the *sine qua non* for all interventions aiming to reach children and women. While the programme's original thrust was still relevant, its structure did not reflect sufficiently the conflict and emergencies against which all interventions had to take place. Based on these findings, the MTR approved a number of changes in programme structure, coverage and objectives. The objectives were adjusted to more realistic levels, and the choice of geographic areas was revised to give priority to the conflict states in the south and to transition zones. Ongoing interventions in these zones — such as immunization and cattle vaccination against rinderpest — will give UNICEF the

opportunity to promote peace-building and reconciliation activities at the grass-roots level. A new "Rights, Peace-Building and Special Protection" programme will promote human rights, combat FGM, support reunification of abducted children with families, and promote inter-tribal reconciliation.

8. **Country programme management plan**. Programme changes following the MTR will entail some modifications in staff structure. In the 1997-1999 period, UNICEF mobilized some $32.4 million (including for the OLS component).

Morocco

9. In Morocco, reviews at central and provincial levels led to a final review coordinated by the Ministry of Foreign Affairs and UNICEF, and attended by representatives of ministries, implementing government bodies, NGOs, bilateral and multilateral agencies and in-country donor Governments. A Common Country Assessment (CCA) and a United Nations Development Assistance Framework (UNDAF) were completed in 1998; however, the Government has still not recognized the UNDAF process.

10. **The situation of children and women**. There has been steady improvement since 1995. A 1999 Pan-Arab Project for Child Development (PAPCHILD) survey indicated infant mortality rates (IMR) and U5MR of 37 and 46 per 1,000 live births, respectively, and a maternal mortality rate (MMR) of 228 per 100,000 live births. Immunization coverage is close to 90 per cent, and to date there are no confirmed cases of polio. Over the last four years, primary net enrolment increased from 67 to 73 per cent. Yet one quarter of children under five are stunted, and nearly half of pregnant women suffer from iron deficiency anaemia. Significant disparities remain: MMR and U5MR are one third higher in rural areas; two thirds of rural women have no access to prenatal care; and only 53 per cent of girls attend school. Half a million children between the ages of 7 and 15 work. Some 673 cases of AIDS were reported in June 1999, six times the number in 1998. In May 1999, the National Observatory for Child Rights (ONDE) played a leading role in the creation of a Children's Parliament. During the same year, Morocco prepared its second report on implementation of the Convention on the Rights of the Child and began harmonizing its legislation with the Convention.

11. **Achievements**. UNICEF support contributed to the development of national policies to eliminate child labour and to implement a national nonformal education programme for children in need of special protection. A survey showed that health education in poor urban areas, which reached some 145,000 women, had increased awareness of HIV/AIDS. Over the programme period, support to education led to dramatic improvement in rural school enrolment: in Assais and Merzouk communes, enrolment increased from 8 and 22 per cent to 59 and 72 per cent, respectively. The WES programme benefited some 37,000 people, providing access to safe water; training and community hygiene education; and latrines for 48 schools, 24 mosques and 5 health facilities. By providing training, community health education and supplies to 46 health facilities, the health programme improved access to and utilization of health services. In Al Haouz province, immunization coverage increased from 70 to 77 per cent, and prenatal consultation rates increased from 20 to 35 per cent. The programme provided training for over 3,000 rural women.

12. **Constraints**. The main constraints include inadequate policy dialogue, poor coordination with other development partners and lack of integration of certain programme activities.

13. **Assessment of strategies: lessons learned**. The MTR noted that some interventions required better linkage with objectives. Efforts to translate field interventions into policy gains for children and women had been inadequate. Communication and evaluation had been weak, and coordination among the various sectoral interventions in the rural areas needed improvement. Consequently, the MTR strengthened linkages between field interventions and policy development; improved the programme's focus by reducing the number of programmes from six to three; and strengthened the priority area of education. The urban programme was restructured into a programme for child protection, and the different sectoral programmes were integrated into one area-based rural programme. Communication and evaluation were strengthened through the creation of projects to manage these functional areas.

14. **Country programme management plan**. Changes in the programmes will require staff changes

within the existing resource levels. From 1997 to mid-1999, the programme raised about $1.6 million, or about 14 per cent of its total ceiling for other resources. Of this amount, about $250,000 was raised from local contributors from the province of Zagora.

Tunisia

15. The MTR process started in February 1999 with the development of a work plan approved by the Ministry of Foreign Affairs. Preparatory reviews and meetings were organized with counterparts, and the results were examined and endorsed at the official meeting in June. A joint review also took place between the Government and the United Nations Development Programme, United Nations Population Fund and UNICEF. The Government has adopted the joint document on the programme of cooperation of the three funds and programmes.

16. **The situation of children and women**. Among the goals that Tunisia has achieved are low U5MR (32 per 1,000 live births), high immunization coverage, a polio-free status since 1992 and high primary school enrolment (99 per cent), including for girls. However, malnutrition and anaemia still persist and the quality of health and education services remains low. A 1999 study showed that while average scores of learning achievement among schoolchildren are 70 per cent, only 25 per cent of children have command of all four required subjects. Serious geographic disparities exist in a number of areas, such as adult literacy and the access to, and quality of, maternal health services. In 1998, access to adequate prenatal care was 29 per cent nationwide, and 11 per cent in the most deprived region. Following the adoption of the Tunisian Child Protection Code in 1995, Tunisia established a body of "Child Protection Delegates", or ombudspersons, to intervene and help children at risk.

17. **Achievements**. The UNICEF-supported programme has played a catalytic role for children in Tunisia through: developing innovative approaches that were replicated by the Government; using evaluation results strategically; and helping to build national capacities by providing high-level technical expertise from international centres of excellence. The health programme contributed to reducing disparities and increasing immunization coverage in the four target regions to more than 90 per cent. Only 22 cases of measles were reported (65 cases in 1995), and no cases of neonatal tetanus were reported. The tools and approaches developed for health services in eight governorates were adopted nationwide. The programme provided technical support in the development of an audit system for investigating every maternal death that occurs in public facilities. The education programme successfully introduced a teaching method centred on basic competencies (*Compétences de base*, or "CB"). The programme now covers 500 primary schools, or 12 per cent of the total, and has trained 108 trainers, 4,500 teachers, 500 school directors and 400 pedagogical assistants. The results of an external evaluation led the Ministry of Education to extend this approach nationwide to all schools. Support to the *Programme d'action sociale scolaire* (PASS) contributed to the development of a system for monitoring school children who are at risk. Audiovisual material and guides developed by the project for early childhood development (ECD) were used in four governorates in television and radio broadcasts and in community education sessions led by volunteers. UNICEF contributed to the ombudsperson network through training and technical support.

18. **Constraints**. The high turnover of government staff in disadvantaged areas constrained the programme's capacity-building efforts. The MTR noted that dialogue between health care service providers and communities should be improved, and that progress has been slow in improving the quality of health services. The education programme's choice of target schools for the CB and PASS initiatives did not necessarily coincide, as was originally planned.

19. **Assessment of strategies: lessons learned**. The MTR highlighted the relevance of the strategies used. The programme structure and thrust will be retained for the remainder of the programme cycle, but greater effort will be made to strengthen the convergence and focus of interventions. In view of the need for reliable subnational data, in the year 2000 UNICEF is supporting a multiple indicator cluster survey (MICS) that will produce data disaggregated by governorate.

20. **Country programme management plan**. The original programme was planned with $5 million from regular resources. In 1997, levels of regular resources were reduced by one quarter. Over the past three years, the country office has mobilized $1.4 million in other resources, which represents 57 per cent of the total ceiling for other resources for the five-year cycle.

Lebanon

21. The MTR process in Lebanon involved the participation of government ministries and institutions (including the Parliamentary Commission on Child Rights), NGOs, donors and United Nations agencies. While an UNDAF has not yet been developed, UNICEF cooperates closely with other United Nations agencies, notably in the preparation of the CCA, follow-up to world conferences, and in areas of common programmatic interest.

22. **The situation of children and women**. Lebanon's achievements include: low U5MR (35 per 1,000 live births); immunization coverage of over 90 per cent; a polio-free status since 1994; and high enrolment (98 per cent) for both girls and boys. Certain areas of the country, however, still suffer from IMRs that exceed 50 per 1,000 live births; high rates of diarrhoeal diseases and ARI; poor access to health care services; and low school enrolment rates. The cost of health care has doubled in the last three years, and one third of Lebanese households cannot afford quality health care. Other problems include: perinatal mortality; high iron-deficiency anaemia rates (42 per cent among children 12-23 months old, and 27 per cent among women of child-bearing age); low quality of public education; child labour; and juvenile delinquency. The Government has made basic education free and compulsory for children under 12 years of age, but this law has yet to be fully implemented. Although the Government has toughened the laws relating to minimum age and working conditions for children, about 5 per cent of Lebanese boys 10 to 14 years of age (16 per cent in cities) have left school and entered the workforce. Lebanon submitted its second report on the Convention on the Rights of the Child in 1998.

23. **Achievements**. Given the high levels of social development in Lebanon, UNICEF contributions to national achievements have been of a catalytic nature. The health programme provided procurement services for vaccines and essential drugs through UNICEF; supported training for health personnel and midwives; and assisted in developing national plans of action for fortifying flour with iron and folic acid and for preventing home accidents among children. About 40 per cent of infants are now born in baby-friendly facilities. Contributions to basic education included: extensive work on the concept of global education, the development of material to improve quality of education, and a study on the law on free and compulsory education. UNICEF work in training and development of parental educational materials for ECD is expected to lead to the creation of a strategic plan, in cooperation with the Government. Advocacy based on studies of child labour led to the first national strategy for child labour in Lebanon, formulated in 1998. In cooperation with three ministries, a number of municipalities and several NGOs, the programme provided educational opportunities to working children in one rural and five urban areas, and initiated a system to update information on working children. Work on juvenile delinquency included training of personnel and support for the rehabilitation of young detainees.

24. **Constraints**. Implementation was constrained by weak managerial and operational capacity among counterparts and NGOs at the local level and the limited availability of technically qualified staff among government ministries, especially for quality assurance of basic services. Reduced budget allocations have constrained the Government's ability to fulfil its commitments.

25. **Assessment of strategies: lessons learned**. While most of the programme objectives were relevant, they were too ambitious and did not adequately reflect UNICEF contributions. The MTR also found inadequate coordination among NGOs, which led to some duplication of efforts. It was noted that the programme structure would need to be improved, and suggestions for structural changes included: revision of a number of objectives to reflect more accurately the actual contributions of UNICEF; a restructuring of the basic education programme to focus on access to quality education; and a strengthened focus on protection of children and youth.

26. **Country programme management plan**. Following the reduction of regular resources from $5 million to $3.8 million, and the subsequent downsizing of the office in 1997, the changes made by the MTR will not require new staffing structures. Over the past three years, UNICEF mobilized $2.2 million, or 18 per cent of the total other resources ceiling for the programme cycle.

Oman

27. The MTR in Oman involved a process of participatory consultations, assessments and evaluations, coordinated by the Ministry of Social Affairs, Labour and Vocational Training, and culminating in a two-day review meeting. The MTR took place at a time of reflection and debate on the modalities of UNICEF cooperation in Oman, in view of Executive Board decision 1997/18 to phase out regular resources in countries reaching a combined threshold of $2,895 in gross national product per capita and U5MR of less than 30 per 1,000 live births. UNICEF interacts regularly with the World Health Organization, the only other United Nations agency in Oman.

28. **The situation of children and women**. Oman's many achievements are impressive; they include low U5MR (18 per 1,000 live births), high levels of immunization coverage (98 per cent), the elimination of neonatal tetanus, a polio-free status since 1994, and high basic and secondary education enrolment, with no gender gap. These notable gains, however, have masked the challenges still facing Oman's children and women. One in every four children under the age of five is malnourished, a rate that exceeds those found in much poorer countries. Other problems affecting children include neonatal and perinatal mortality, disability and a high rate of congenital malformation (54 per cent of marriages are consanguineous). Services for the country's 37,000 disabled children are very limited. Quality and effectiveness of education are of concern and are being given priority in ongoing reform efforts. Oman has not yet ratified the Convention on the Elimination of All Forms of Discrimination against Women, but a committee has been set up to review the issue. Expatriates constitute about one quarter of Oman's population and a third of government employees. The Government is attempting to reduce these high rates through training programmes and quota and bonus systems for nationals.

29. **Achievements**. The MTR acknowledged UNICEF contributions to the achievement of national goals for children, through high-quality technical support, advocacy and strategic use of studies and assessments. The health programme supported training and awareness-raising in such priority areas as birth-spacing, healthful lifestyles for youth, elimination of childhood disabilities and consanguinity. An assessment of perinatal and neonatal mortality influenced the promulgation of the 1999 Civil Registration Decree and prompted a government survey on subnational disparities in low birth weight. An external assessment of services for disabled children highlighted the needs in this area. The nutrition programme expanded community-based growth monitoring from one region in 1996 to seven in 1998, reaching 187 villages. Through this programme, UNICEF made crucial contributions to the community empowerment process, training over 2,500 women volunteers from Community Support Groups who now form a nationwide network to disseminate information on health and nutrition. UNICEF-supported research led to clear and positive national policies on micronutrients, which resulted in reduced levels of anaemia among pregnant women (from 49 per cent in 1996 to 37 per cent in 1998); increased levels of iodized salt consumption (from 35 per cent in 1996 to 60 per cent in 1998); and near universal Vitamin A supplementation for children and post-partum mothers. UNICEF support and advocacy were also crucial in sustaining the Baby-Friendly Hospital Initiative and the Complementary Feeding Initiative in all public health facilities; the issuance of the Omani Code for Regulation of the Marketing of Breast Milk Substitutes; the expansion of the Monitoring of Learning Achievement Initiative; the introduction of the Education Management Information System in 9 out of 10 regions in the country; and the development of a curriculum guide for pre-school teachers. UNICEF support led to national follow-up to the Fourth International Conference on Women, the submission of the country's first report to the Committee on the Rights of the Child, and the preparation of the Education for All 2000 Report.

30. **Constraints**. The MTR identified a number of cross-cutting constraints in programme implementation: shortage and rapid turnover of trained Omani counterparts; weakness of institutional mechanisms to pursue intersectoral coordination effectively and ensure sustainability of interventions; and gaps in the database on children and women.

31. **Assessment of strategies: lessons learned**. The MTR noted that effective use of research findings and project experiences had contributed to the formulation and implementation of appropriate national policies, and that the programme's training component was meeting the national goal of capacity-building. It also found that certain goals and objectives were too

ambitious. Results attributed to UNICEF cooperation had not been clearly defined, and adequate baseline data were not collected on several issues relating to behaviour and practices.

32. **Country programme management plan**. Any changes required in office structure or programme approach will be examined in relation to the preparation of the new country programme, to be submitted to the Executive Board in September 2000, and in relation to the proposed gradual decrease in regular resources over the 2001-2003 cycle.

Palestinian children and women in Jordan, Lebanon, the Syrian Arab Republic, and the West Bank and Gaza

33. The MTR process for the programme for Palestinian children and women in Jordan, Lebanon, the Syrian Arab Republic, and the West Bank and Gaza involved reviews with government counterparts and a final, two-day regional review in Amman. The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) is an important partner in these UNICEF-supported programmes.

34. **The situation of children and women**. The situation and living conditions of Palestinian children and women vary widely from country to country, but in general, they live under difficult conditions and lack many basic rights and services. In Lebanon, the 350,000 Palestinian refugees have access only to services and schools provided by UNRWA, UNICEF and a network of Palestinian associations. In the Syrian Arab Republic, the refugees (370,035 in 1998) have access to health and education services provided by the Government and UNRWA, but poverty and child labour (23 per cent) remain widespread. Much of the Palestinian population has been integrated into the population in Jordan; however, there are 1.5 million Palestinians registered with UNRWA. In the West Bank and Gaza, an estimated 2.9 million Palestinians live in areas that form a geographic patchwork. Some 41 per cent are registered as refugees and receive basic services from UNRWA. Social indicators show geographic disparities. The U5MR varies between the West Bank and Gaza (32 and 37 per 1,000 live births, respectively) as well as among towns and villages. Some 38 per cent of households live below the poverty line in Gaza, compared to 16 per cent in the West Bank. A UNICEF-supported survey showed worrisome levels of goitre prevalence among children (68 per cent in Jericho). While enrolment is about 91 per cent, school drop-out rates and child labour are of concern: in 1998, 6 per cent of children 5 to 17 years of age — some 63,600 — were working.

35. **Achievements**. The programmes in Jordan, Lebanon and the Syrian Arab Republic helped to maintain high immunization coverage, improve health care and knowledge and promote ECD practices among the Palestinian population. In Jordan, 840 parents were trained in better parenting skills, and community empowerment models were established in four Palestinian low-income urban areas. In Lebanon, assessments showed the positive impact of health, nutrition and HIV/AIDS education among 18,000 refugees, as well as the benefits of a revolving loan project. Pre-school facilities were constructed and equipped to benefit 1,600 young children. Literacy and training activities reached over 300 working children and over 3,500 youth and children. In the Syrian Arab Republic, UNICEF supported studies on the issues of drop-outs and HIV/AIDS education in UNRWA schools, and on a "good marriage" initiative designed to train and educate youth, in particular adolescent girls, in life skills.

36. In the West Bank and Gaza, UNICEF support to NIDs and to the cold-chain system ensured continuing immunization coverage of over 90 per cent. The Health Services Management Unit, established with UNICEF support, is now fully functioning and will be taken over by the Ministry of Health in 2000. Through training of teachers and development of teaching/learning materials, the school health project reached 25,000 children and led to physical and developmental screening for all children entering grade one (55,000 per year). UNICEF also contributed to the establishment of an Education Management Information System, now producing reliable and timely education data; to the development of the first national Palestinian curriculum; and to the launch of the Five-Year Education Development Plan in 1999. The programme also generated awareness of children's issues and of the Convention on the Rights of the Child through several media, including theatre productions, radio broadcasts and printed publications. Fourteen community centres were upgraded with training and equipment, libraries and playgrounds. The results of a study on institutionalized children were used to

improve conditions and reintegrate children with their families. An assessment conducted by an external evaluator showed that counterparts considered UNICEF capacity-building efforts successful, relevant and appropriate to the organization's comparative advantage.

37. **Constraints**. Overall, the gaps in data and the dearth of qualified counterparts were a constraint in the planning of programmes, although programmes in Lebanon, the Syrian Arab Republic and the West Bank have made noteworthy efforts to establish baselines and collect data.

38. **Assessment of strategies: lessons learned**. The MTR noted that the programmes had generally contributed to improving the quality of life for Palestinian families. The impact has been difficult to evaluate in certain cases, however, where data specific to the target groups were lacking. The MTR also noted that some objectives were not specific enough and would need to be reformulated.

39. **Country programme management plan**. Given the short duration of the programme cycle, the programmes will not be substantially changed, but the MTR recommendations will be incorporated into the development of the next submission. Programmes in all countries should have enough built-in flexibility to respond to a complex and evolving situation. For the 1998-1999 period, UNICEF mobilized $5.1 million, $577,000 and $3,560, respectively, for the programmes in the West Bank and Gaza, Lebanon and the Syrian Arab Republic.

Major evaluations and the use of the research and evaluation function

Influencing national plans and policies

40. The strategic use of research, studies and evaluations is a particularly important programme approach in the region. In return for modest investment of UNICEF resources, such strategies have yielded significant dividends in terms of influence in shaping national policies, programmes and legislation.

41. **Lebanon**. The external *evaluation of the UNICEF education programme* revealed a number of successes, as well as shortcomings. The programme had generated useful data for decision makers on disparities in learning achievements; produced useful teaching/learning materials; and contributed to the development of national capacities in the area of ECD. The programme created cumbersome bureaucratic layers, however, leading to high administrative costs. Data to assess the impact of educational materials on caregivers had not been collected. The evaluation recommended a change in strategies, a focus on only the first two grades of basic education to complement the ECD project, and increased UNICEF support to the implementation of the free and compulsory education law. Subsequently, the MTR made the recommended changes to the programme. UNICEF has taken measures to reduce overhead costs through new contractual arrangements with its partners.

42. The UNICEF-supported *study on Lebanon's free and compulsory education law*, in collaboration with the World Bank and the Beirut-based Centre for Educational Research and Development, used a sample of 7,000 households and 200 public schools, covering all regions of the country. The study produced a comprehensive assessment of the education system, in terms of student enrolment and achievements, and the socio-economic situation of households. It also yielded data and variables that could be used to measure the quality of education and to establish an educational monitoring system. Following this study, the Ministry of Education initiated measures to accommodate all children in schools and to provide government subsidies to ease the costs of schooling for the poorest groups. A *study on the costs of health care* in Lebanon highlighted the inequities and structural problems affecting the accessibility of the poorest groups to this basic right. The study made a number of policy recommendations related to developing national health accounts; regulating private practice and the pharmaceutical sector; unifying insurance coverage schemes and prices; and developing protocols for hospital classification and pricing. The study has been distributed widely and will be used by a national committee on health sector reform.

43. **Tunisia**. The 1999 external *evaluation of the Compétences de base (CB) approach* in the UNICEF-supported basic education programme assessed its effectiveness and impact on classroom practices, using qualitative methods and field observations. Classes using the CB approach were compared with those that did not. The evaluation found that the CB approach had

transformed classroom practices from top-down teaching and rote learning to a holistic approach centred on the child. Children were taken through competency levels, carefully monitored and encouraged to express themselves freely. In most schools, results showed a progressive improvement in the quality of learning, and repetition rates dropped significantly in the Kef region. Areas needing improvement were also noted, among them, time-consuming tests and preparations, inadequate training for teachers, and the discrepancy between the official guide and the actual approach. Following the presentation of evaluation results at a meeting between the Minister of Education, national counterparts, UNICEF and the World Bank, the Government decided to expand the approach nationwide to cover all six grades of primary schools by 2003.

44. The *evaluation of the Programme d'action sociale scolaire (PASS)* in Tunisia endorsed the approach, but also noted areas for improvement, such as the functioning of the counselling units for children. Following the evaluation, the PASS approach was expanded, in 1999, from 50 to 238 units, or one quarter of the total units in the country. The *evaluation of the UNICEF-supported ECD project* assessed the impact of training and showed the enormous enthusiasm generated among communities by the programme, which is implemented through a diverse network of volunteers. It noted, however, the lack of effective organization at various levels and the unfamiliarity of the volunteers with certain ECD concepts. As a result of these findings, appropriate structures for coordination and monitoring of training activities were established.

45. **Oman**. Since the Oman programme relies heavily on communication, UNICEF initiated an *evaluation of information, education and communication (IEC) materials*. The external evaluator examined the design of the materials; assessed their use through field visits and interviews with managers, users and primary beneficiaries; and explored other channels of communication. The evaluation gave high marks to the design of the materials, the demand that they generated, and the motivation of the community educators in using them. The evaluation also noted the need for targeting messages to men. Pre-testing, distribution of materials and training of users have been less than optimal due to high demand from users and a shortage of qualified personnel to conduct testing. The recommendations will be used in the development of further materials. The 1998 *assessment of perinatal, neonatal and infant mortality* in Oman, conducted by an international expert, is another example of the use of research to draw attention to areas requiring government action. The results were well received by the Ministry of Health, and a committee was formed to implement the recommendations.

Improving programme design and impact

46. The other group of evaluations in the region, relating to countries or population groups that are still some way from achieving the goals of the World Summit for Children, have been used to improve programme design and increase impact.

47. **Sudan**. The International Water and Sanitation Centre of the Netherlands carried out an in-depth *evaluation of the UNICEF-supported WES programme*, and in the process highlighted a success story. The evaluation conducted fieldwork in 6 states, covering 45 localities, and used such methodologies as key informant interviews and focus group discussions. The evaluation revealed a programme that had changed from a donor-driven project focusing on hardware to a comprehensive programme addressing sanitation, health education and women's participation, serving people in rural, peri-urban, low-income and emergency areas, and using low-cost and appropriate solutions. Over a period of eight years, with a UNICEF contribution of $38.1 million and significant local contributions, the programme has benefited more than 5 million persons in Sudan. The work has been carried out in conditions of prolonged civil war, instability, an ailing economy, frequent famines and decreasing international support. The evaluation noted that the programme's greatest assets were the national WES staff, the UNICEF staff and the women in beneficiary communities. The evaluation also noted areas for improvement, such as institutional and organizational weaknesses in the rural councils, weak coordination between the rural councils and state-level authorities, and a need for greater participation, more training and women's involvement. In the emergency areas of Juba and Wau, the programme has begun to develop WES emergency plans for crises and to deal with a massive influx of IDPs. The evaluation recommended the

further extension of this emergency preparedness approach to other emergency-prone areas. These recommendations will be incorporated in the future expansion of the WES programme.

48. **Programme for Palestinian children and women in Lebanon**. An evaluation in 1999 investigated the benefits of the *revolving loan project* established by UNICEF in 10 of the 12 Palestinian refugee camps in Lebanon. Over a two-year period, the programme benefited 963 refugees. Some 76 per cent of borrowers attended literacy classes supported by UNICEF. Processes introduced by the organization to ensure transparency and accountability have been well received — a new development in the camps, where socio-political structures do not encourage such changes. UNICEF attempts to combat gender bias through this scheme have been only partially successful. Not all loan committees have accepted the request by UNICEF to include an equal number of women among their members. The proportion of women borrowers varies from camp to camp — in general, about half the borrowers are females. The evaluation recommended a change in loan management structures.

49. Overall, the MTRs and major evaluations in the Middle East and North Africa region showed a need to improve the focus and convergence of interventions and to give more attention to the quality of services and the protection of children and women. However, the MTRs also showed that the various UNICEF-supported programmes are generally well suited to the different needs and situations of children and women in Lebanon, Oman, Morocco, Sudan, Tunisia and the West Bank and Gaza.

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For information

Summary of mid-term reviews and major evaluations of country programmes

Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1) which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, *inter alia*, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs, evaluations and assessments described in the present report were conducted during 1999.

Introduction

1. During 1999, one mid-term review (MTR) — for the Republic of Moldova — was conducted in the Central and Eastern Europe, Commonwealth of Independent States (CIS) and Baltic States region. The outcome of the process was given at the official MTR presentation in June, half-way through the first five-year programme.

2. Several studies and key evaluations will also be highlighted in the present report, including: UNICEF emergency preparedness and response during the Kosovo crisis; school-drop out patterns in Kyrgyzstan; the primary health care (PHC) revitalization project in Azerbaijan; the sixth Regional Monitoring Report on the impact of the transition on the rights and well-being of women and girls; the Youth-Friendly Clinic in Kiev, Ukraine; the school-based trauma alleviation, peaceful problem-solving and peer mediation project in Croatia; and reporting on Education for All (EFA) 2000.

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Country mid-term review

Republic of Moldova

3. UNICEF began its country programme of cooperation in the Republic of Moldova in 1995 (E/ICEF/1995/P/L.31). The MTR process began with an annual review meeting in 1998, followed by field evaluations, thematic studies, desk studies of documents provided by the Government, the United Nations and UNICEF, and periodic sectoral meetings.

4. According to plan, a number of evaluations were conducted of the health and education programmes. Relevance to projects, impact and cost-effectiveness were among the main criteria considered in the design of the evaluations. The following project evaluations were undertaken: a case control study of acute respiratory infections/control of diarrhoeal diseases; the Baby-Friendly Hospital Initiative (BFHI) and perinatal care projects; cross-sectoral studies of the PHC reform, nutrition and perinatal care projects; a study of the early childhood individualized instruction ((PETI) project; a field study of institutionalized children; and a series of focus group studies to assess the knowledge and attitudes about children's rights.

5. **The situation of children and women**. The transition has had a dramatically negative impact on the standard of living of the general population, especially on the most socially vulnerable groups. The Republic of Moldova has the lowest gross domestic product (GDP) among CIS and Eastern European countries, with per capita GDP having fallen from $538 in 1997 to $454 in 1998 to $311 by the end of 1999. The majority of Moldovans live below the poverty line, with 80 per cent earning less than $2 a day. Exposure to this increased economic pressure means more tension in homes, leading to more broken families and domestic violence. The number of abandoned and neglected children is also on the rise. Some 15,000 children live in State-supported institutions which are unable to adequately cover their basic needs.

6. The most immediate negative impact of the dramatic changes has been on the health care system. At present, funds allocated to the health sector cover about 35 per cent of total needs. Approximately one half of the people included in a UNICEF survey said that they did not seek medical attention because they did not have the money to cover the costs of treatment and prescriptions.

7. The infant mortality rate (IMR) is estimated at around 18 per 1,000 live births and the maternal mortality rate (MMR) at 36 per 100,000 live births. These figures are 1.5 to 2 times higher than the rest of Europe. Hidden malnutrition affects the general state of health of the population, thus directly impacting children. According to the Ministry of Health, 45 per cent of expectant mothers suffer from anaemia.

8. The morbidity rate from infectious diseases has grown considerably. In 1998, the incidence of tuberculosis was 65 cases per 100,000 population, some 74 per cent higher than in 1990. Between 1991 and 1998, the number of detected cases of syphilis rose from 20 to 162 per 100,000 population, with over 50 per cent of all cases registered among young people from 14 to 24 years of age. HIV/AIDS infection has become a major threat to Moldovan society, especially to young people. At present, the Republic of Moldova is ranked third among CIS countries, with a general incidence rate of about 20 cases per 100,000 population. Approximately one half of those infected are children and young people between the ages of 10 to 24 years old.

9. The negative trends in the education system during this period are equally disastrous. Budget allocations for education cover only 8-10 per cent of the needs in the education sector. Access to early childhood development interventions is 50 per cent less than what it was in 1990. Buildings are deteriorating rapidly and kindergartens are being closed. Access to secondary education is down 30-40 per cent, and university and technical school attendance by 50-60 per cent. According to a survey, 15 per cent of the poorest children do not attend primary or secondary schools.

10. **Achievements and constraints**. The health programme has contributed to PHC reform and, through close cooperation with the Ministry of Health and the World Bank, has helped to shape the reform agenda. Both the perinatal care programme and BFHI were expanded, and the MTR case control study showed that they had a positive impact. The PETI project has developed new models of early child care and education, and has worked to establish a partnership among kindergartens, families and communities.

11. Important achievements in advocacy can also be seen in the establishment of the National Council for Protection of the Rights of the Child and the

appointment of a Children's Advocate within the Government. Moreover, in parts of the country, a local council responsible for child protection will be set up in each new *judet* (county). UNICEF support has contributed to the design of a national strategy on child and family protection under three major areas of reform: legal framework development; social services for families; and institutional reform. For the first time in the country, "social work" has been officially recognized as a specialization and included in the State nomenclature.

12. The overall evaluation of activities supported by the health programme indicates progress in achieving the objectives of reducing IMR, U5MR and MMR. Between 1995-1998, IMR declined from around 21 to 18 per 1,000 live births, U5MR from 27 to 22 per 1,000 live births and MMR from 41 to 36 per 100,000 live births. Progress appeared to stem from a process of uninterrupted implementation of cost-effective and efficient strategies and standards in the areas of maternal and child health.

13. Several constraints were identified through the MTR process. Decentralization has had an ambiguous impact on the health care system. Although new opportunities have developed, constraints such as poorly trained staff, weak legal bases and inadequate financial possibilities are evident. The delay in the health reform and the lack of coordination in the process are also seen as major drawbacks. A continuous decline in the economy and the lack of resources have led to the deterioration of the health status of the general population.

14. Other constraints have included the lack of government priority to social sector development. While the State insists that education is a priority, the education system is severely under-funded. Frequent changes in Government have created a lack of continuity among programme partners and has delayed many programme activities. There is also a lack of viable Moldovan non-governmental organizations (NGOs) and few international NGOs involved in the area of family and child support. Without the support of NGO partners, the expansion of programmes to local levels is limited.

15. Traditional family reliance on the State has led to a weak civil society. It is also evident that families have lost confidence in the reform process and lack the motivation to work at the community level. There is also no precedence or tradition of past cooperation among sectors at national or local levels, which affects the UNICEF intersectoral approach to child development.

16. **Assessment of programme strategies: lessons learned**. The MTR process identified several lessons learned during this first half of the programme cycle. The flexibility of the strategies adopted for the country programme has contributed to the more effective operation of the programme in rapidly changing conditions. In countries experiencing periods of such drastic transitions, a mixture of strategies is essential to offer the flexibility to respond to the changing conditions. The MTR exercise showed that the pilot projects on which the country programme was built had begun to progress beyond isolated projects. The models and strategies established for the projects were translated into a series of activities that have received national acceptance. The perinatal care programme, the BFHI project, some portions of the PHC reform project and the PETI projects were considered successful because of their rapid impact, and they are now going to scale.

17. Two of the major difficulties in maintaining the sustainability of projects identified through the MTR process were the vertical approach to the UNICEF-assisted projects and the lack of coordination among partners within the health sector, as well as among the health, social protection and education sectors. Analysing and encouraging elements of sustainability require new approaches and thinking, and there will be increased efforts to develop the capacity of human resources to carry out more sustainable projects.

18. Team-building is considered a very important area for UNICEF assistance. UNICEF has been effective in bringing together a wide range of actors involved in improving the conditions of children and women in the Republic of Moldova. In many instances, these efforts have resulted in a more coherent, comprehensive and integrated approach to the different sectors.

19. Collaboration with youth-oriented NGOs requires further strengthening. Lessons learned over the first years suggest that several areas of "youth-for-youth" activities require hands-on support. The success of the Child Rights Centre was due in part to the use of a full-time experienced coordinator, while the Centre for Information, Education and Communication for

Adolescent Health was coordinated by untrained volunteers.

20. The MTR process has revealed that successful advocacy requires a heavy demand on UNICEF staff. Strategy formulation and advocacy come about through continuous dialogue with partners. As a result of the increased commitment of staff time to technical assistance and training, as well as to increased management procedures, the current office structure needs to be reviewed.

21. **Country programme management plan**. Country management team meetings are scheduled each month. As a result of the discussion held after the MTR, it was decided to reduce the size of the team to five members to allow staff to focus more effectively on country programme implementation.

22. During the preparation of the MTR, the office structure, as well as the possibilities of adjusting it to emerging programming needs and activities, were examined. It was felt that the establishment of three programme assistant III posts — one each for health, education, and communication and social mobilization — would greatly facilitate the management of the country programme.

Major country programme evaluations

UNICEF preparedness and response during the 1999 Kosovo refugee emergency

23. As the result of the emergency response during the Kosovo crisis in the spring of 1999, the Department for International Development (DfID) (United Kingdom) and UNICEF conducted an evaluation to identify the strengths and weaknesses of UNICEF preparedness for such an emergency and the response to the crisis. The evaluation aimed to derive lessons learned and to incorporate recommendations into the country programmes that will face such crises in the future.

24. The methodology took into consideration both UNICEF evaluation guidelines and DfID humanitarian guidelines for organizational appraisal. The methodology included a background literature review, interviews of key players and beneficiaries, e-mail and telephonic consultations, short participatory workshops and group consultations with UNICEF staff and key partners, participation in programme coordination meetings, and field visits to Albania, The former Yugoslav Republic of Macedonia and the Federal Republic of Yugoslavia, including Kosovo.

25. UNICEF displayed a number of actual or potential strengths in relation to this crisis, most of which are rooted in the organization's "value added" as a developmental agency as opposed to a purely emergency agency. The evaluation summarized that catastrophe was avoided and major epidemics did not occur largely due to the quick response of UNICEF and the fact that UNICEF was on the ground and operational preceding the emergency. The presence of UNICEF both before and after the crisis has provided it with a level of recognition, trust and knowledge that facilitated its programmes. The organization is seen to be people-focused, and the quality and commitment of UNICEF staff was exceptional. The majority of middle management positions were held by national staff, who had a better understanding of the needs and realities of the situation. UNICEF capacity in the area of public information and communication made it a potentially effective vehicle for channelling guidance to the public and agencies alike. UNICEF played a vital coordination role in key aspects, especially in education, and the existence of a wealth of experience and expertise in emergencies put UNICEF in a leadership role. Also key was the fact that UNICEF was operating in all countries of asylum, which greatly affected the comprehensive emergency package it was able to deliver.

26. Several aspects of the emergency response of UNICEF were seen to need improvement. As an integral part of UNICEF programmes, emergency contingency planning and preparedness have not been systematic in the countries affected. Although very competent individuals were deployed — and some rapidly — in general, human resources management in this emergency tended to be slow and somewhat erratic in getting the right person to the right place at the right time. The emergency supply and logistics chain was neither sufficiently rapid nor reliable for the scale of this emergency. While emergency financing was not a major difficulty, administrative procedures resulted in significant delays. Uniform tracking, monitoring and evaluation systems and approaches were not applied in the emergency, nor was adequate capacity available for

these functions. Implementation of core activities was inadequate in certain geographical areas. The impact of UNICEF policy advocacy on international agencies was inadequate on important occasions. Operations planning, monitoring and evaluation, and reporting require a more consistent and systematic approach, in addition to ongoing staff training and more effective tools. The evaluation goes on to say that although the emergency preparedness process that was the subject of a meeting held at Martigny, Switzerland, was welcomed and very timely, there was still a lack of clarity institutionally about how to mainstream an emergency response.

School attendance in Kyrgyzstan

27. The phenomenon of out-of-school youth is becoming a particularly disturbing trend throughout the region. In addition to studies in this area in Bulgaria, Latvia and Lithuania, UNICEF managed an assessment of school drop-out patterns in the southern districts of Kyrgyzstan. While official statistics reflect high rates of enrolment and attendance, increasingly, there is anecdotal evidence to suggest that school attendance is declining. This pattern was thought to affect particularly children in the 12- to 15-year-old age group.

28. Reviewing the attendance patterns of the 1998/99 school year, the report found that the anecdotal evidence was borne out by actual attendance. However, a range of factors mitigated against the official statistics system reflecting the drop in attendance. In some cases, schools found drop-out rates as high as 40 per cent. A key factor that discourages school managers from reporting drop-out cases is the linkage between school funding — based on a monthly per head fee — and attendance. At a time when education budgets are under immense pressure and low salaries for teachers are often paid late, the tendency to maintain artificially high statistics is understandable. Another important factor is the pressure placed on teachers to help children progress to the next grade, with few teachers willing to make children who have not met minimal standards repeat grades. The report also found that these patterns were evenly balanced between girls and boys, and that the rising trends of drop-out rates applied to both urban and rural schools.

29. Through interviews with numerous children and parents, the report found a significant range of reasons for non-attendance at school. Some of the factors that were used to explain the anecdotal picture of school attendance were relevant. Poverty was a key factor, with many children not attending in order to work, or because their families could not provide appropriate school clothing or supplies. However, other factors that had not been previously identified also appeared to be significant influences in non-attendance. A poor perception of the relevance of education was one factor in children dropping out; another factor was the nature of the teacher/class or teacher/student relationship. Many children felt that they were exposed to humiliation when coming to school ill-equipped, falling behind the mainstream in the class, or coming into conflict with the teacher.

30. Initially, the reaction to the report was not responsive. However, in the six months since the report was presented to the Government, there has been a deepening dialogue, reflecting growing concerns about the trend towards school drop-out.

31. Recent developments, related to the follow-up to the national report on Education for All (EFA), have led to an agreement among the Government, UNICEF and the United Nations Educational, Scientific and Cultural Organization (UNESCO) to support a study to monitor learning achievement. Building on the initial assessment of the pattern of school attendance, this should track the consequences of dropping out of school. The country programme covering the period 2000-2004 (E/ICEF/1999/P/L.15/Add.1), approved by the Executive Board in September 1999, seeks to further define the nature of the problem and develop responses to it.

Evaluation of the Azerbaijan primary health care revitalization project

32. The serious worsening of health status and health services in Azerbaijan following independence from the Soviet Union resulted from a significant drop in incomes and government revenues. The project, which was analysed and evaluated by the London School of Hygiene and Tropical Medicine, Department of Public Health and Policy, was established as part of an attempt to reform the finance and delivery of care to ensure access to effective, efficient and equitable services. The evaluation used a range of methods and sources of data to assess project impact. The first two project

districts were selected for detailed examination, and one control non-project district was assessed.

33. Conditions in the country make it difficult to fully achieve the original goals of the project. In particular, the difficulty in introducing user fees and the large number of patients exempt from drug charges have reduced revenue as compared to the plans. In addition, the falling price of imported drugs has reduced the price at which UNICEF-procured drugs can be sold.

34. The impact of the project could be seen in terms of the main national health indicators, and local data were available for only some indicators for some districts. Therefore, the conclusions must depend more on the indicators of service quality, utilization and user attitudes. The assessment also covers the extent to which the project has contributed to the overall development and changes in the health sector. The level of use of services in the project districts is low, and there is some evidence that people resist using them because of the cost. However, satisfaction with the services seems to be improving, especially in relation to drug availability. Other indicators of success include some rapid rationalization of services (but not all in desirable directions), increased involvement of the community and direct support for better facilities, and some experience and training for local management.

35. Constraints to achieving the full benefits include the lack of local control of health sector resources, too high a level of exemptions to charges, and very scarce government funds. Incentives are often contradictory, with staff effectively provided free to the districts, but with other inputs to care being unavailable. The very low incomes of staff make greater efficiency difficult to achieve.

36. The project aims to assist in achieving wider change, and improved health and care. There is enough evidence of success to justify further development. This must involve learning the lessons from the pilot districts, as well as a new focus for the objectives and targets.

37. The report recommended that the PHC revitalization project could be used as a catalyst for broader change. The evaluation touched on a broad spectrum of issues, including legal, regulatory, policy, managerial and operational issues. In order to build on the progress made in the first few districts, a broader coalition of support is needed to address the positive elements identified by the evaluation. For example, changes must be made to a per capita-based formula for distributing funds to the districts; districts must be provided with more autonomy; an appropriate policy environment for health interventions, such as a sustainable exemptions policy, must be created; clearer roles and responsibilities for the Ministry of Health and district-level staff from the hospital to the PHC level must be developed; and health services must target high maternal morbidity and mortality through maternal and reproductive health interventions.

38. Evidence shows that the project has met only some of its planned goals, but there is a good case for expansion and development. Additional projects based on the lessons learned probably offer the best chance of making rapid progress in rebuilding the primary care system and meeting the basic health care needs of the population. Significant benefits from developing the project will come only if the lessons learned from the pilot districts are taken into account, and the goals of the project are adapted to the new circumstances. In particular, it is now clear that under current conditions, it is unlikely that surplus funds from the sale of drugs will provide a significant source of revenue for paying bonuses to staff or paying for other inputs to care. It may even be difficult to raise enough funds to pay the costs of drugs for those who are exempt from charges. This makes even more urgent the need to release resources from the government health budget. There may also be a need to secure further external assistance until the economy improves.

39. The decentralized nature of the project means that there are variations in policies adopted in the different districts. Some lessons learned have been applied, but some policies that have already been identified as creating barriers to care or bottlenecks in the flow of resources have not been updated.

40. The 1996 household survey found that almost one half of the most recent episodes of illness had not been treated at a government facility. This evaluation did not collect comparable data to assess whether the project had improved access to PHC. Wide variations in utilization by persons who are exempt from charges were identified from reports by health centres, but these reports do not capture any information on non-users. Cash charges for both drugs and consultations present a real barrier to care in a context where household incomes are low. A community-based

evaluation would be required to examine whether the project is making PHC available to those who need it.

41. In rural Azerbaijan, social and economic existence depends on credit and barter arrangements. Cash payments need to be collected so that the quality drug stocks can be replenished. This makes the project vulnerable because its revolving drug fund depends on revenues collected from sick people who feel that they can afford to pay. The effect of external factors, such as the importation of low-cost drugs after the collapse of the Russian rouble, demonstrates how quickly the revenue projections can change. A more equitable and stable set of mechanisms to fund essential services needs to be identified. This is likely to include greater efficiency in the use of government resources, a review of the exemptions policy and some recognition that full sustainability will have to await improvements in the economy. The original conditions under which the project was planned have changed so significantly that the planned funding flow is no longer feasible.

Women in transition: the MONEE Project Regional Monitoring Report #6

42. In 1999, the MONEE (Monitoring of Eastern Europe) Project at the Innocenti Research Centre in Florence produced the sixth Regional Monitoring Report on "Central and Eastern Europe in Transition: Public Policy and Social conditions". It focused on the impact of the transition on the rights and well-being of the 150 million women and 50 million girls who make up one half of the population of the 27 countries in the region. The report updates the major economic and social trends in the region, thereby providing the full context for investigating the circumstances of women. Moreover, it examines the links between gender equality and development, and reviews commitments made by the transition countries under the Convention on the Elimination of All Forms of Discrimination against Women. The following five thematic chapters show how the various dimensions of the economic, social and political transformation are imbued with gender issues: work; family life; health; safety from violence; and participation in decision-making.

43. Despite the many advantages that women enjoyed under communism, especially in education and health, gender equality has yet to be achieved. The report found that women face higher unemployment and lower real income than men. On the whole, women in the region lost more jobs than men, and out of the 10 million registered unemployed, 6 million are women. The report also analysed the effects of the reductions in child care; the deterioration of education and health services; the high rates of births to teen-age mothers; the high abortion rates; increasing drug and alcohol abuse; the spread of sexually transmitted diseases (STDs); and the increasing levels of gender-based violence, from domestic abuse to the use of rape as a weapon of war.

Evaluation of the Youth-Friendly Clinic in Kiev, Ukraine

44. The pilot Youth-Friendly Clinic in Kiev opened in December 1998 with the technical assistance of UNICEF. The Youth-Friendly Clinic evaluation was conducted one year later, six months after it became fully operational.

45. The clinic was set up to provide diagnostic care and treatment for young people and to offer support, advice and information about young people's health issues. The clinic also provides pregnancy testing (including pre- and post- counselling), cervical cytology, and STD diagnosis and treatment. It also acts as a referral service for HIV/AIDS. Young people are able to receive counselling and psychological support for sexual and other health problems. The staff of the clinic includes STD specialists, gynaecologists, family physicians, psychologists, young volunteers and other experts, all of whom have been selected based on competitive interviews.

46. The clinic has been decorated by the youth themselves and made to appear less clinical and more youth-friendly. The ability of the clinic to offer free medical and social care, irrespective of residence papers, was highlighted as very positive by several respondents.

47. The evaluation revealed the need for the clinic to develop a mechanism to keep it financially viable. It also stressed the need to ensure the dissemination of information and the training of all staff, relevant organizations and individuals in the concept of youth-friendly services. This training must also include a mechanism to achieve identified targeting of the most vulnerable youth, including street children, drug users

and commercial sex workers. Periodic reviews of outreach strategies must be conducted.

48. Young people have made significant improvements in the environment of the clinic, which must be sustained to promote ownership. It was recommended that a television and video be added to the project as a vehicle for information dissemination.

49. Although the project is just being developed, it will be monitored closely as it will offer an effective strategy and significant lessons learned to assess whether the approach taken can be replicated in other parts of the country as well as within other countries in the region.

School-based trauma alleviation, peaceful problem-solving and peer mediation project in Croatia

50. Since the beginning of the implementation of the project, evaluation has been introduced as a regular process using students' self-assessments and through assessments of group meetings by teacher trainers. The methodology included questionnaires; interviews with pupils, parents and teachers; and written work by students. Specific situations in schools in the Eastern Slavonia and Knin areas affected programme implementation and, subsequently, the evaluation process.

51. The plan was to complete a qualitative analysis at the end of the second semester in 1997/98, immediately following the academic year. However, many schools delayed the start of the project and finished the first part in May 1998, with the intention of continuing the second part in the autumn of the next school year. Another fact complicating the project and evaluation was the substantial change in the number of children and the ethnic structure, as well as the change of teachers at the beginning of the new 1998/99 school year. This was due to the two-way return process to the areas of Eastern Slavonia and Knin.

52. The results also show that 78 per cent of children were attending workshops on a regular basis; 65 per cent felt that relationships in the classroom greatly had improved since the start of the project; 91 per cent felt that the project had improved their self-esteem; and 92 per cent felt that they had learned how to solve problems more creatively and how to express anger or rage without violence. When asked whether they would like to continue with the programme in the next school year, the children replied positively.

53. The teachers running the programme for the second or third year noticed some changes in their work from the previous year. These changes were related mainly to progress in facilitating and teaching skills. They improved their ability to adjust certain activities and their feedback to children's reactions. Generally speaking, the programme has been widely accepted and is seen to be very positive by parents.

54. Sixth grade students feel more comfortable and accepted in the group, they are readier to cooperate and talk during the session, and they find the themes more useful and the school success better than the fourth grade children. Given that the programme is more successful and useful to sixth graders than to fourth graders, it is recommended that the programme be extended to include more sixth grade students (or higher grades in general).

55. Parents have positive opinions about the programme and agree with the methodology, although the majority of them wanted more information. The majority of parents would give their consent again for their children to attend such a workshop. This indicates that the programme and teaching methods have to be explained to parents more often through comprehensive workshops.

56. Support from school management was seen to be essential to the success of the programme. The teachers who have been working on the programme the longest — for three consecutive years (1996/97-1998/99) — are the ones who are most satisfied with the support provided by school management for the realization of the programme.

57. The evaluation of this project has added to the region's information on psychosocial interventions. As UNICEF programmes are continually faced with conflict situations and subsequent psychosocial interventions for children, evaluations in this area are invaluable to improve countries' capacities to implement projects in emergency situations.

Education for All 2000 reporting

58. As mentioned earlier, UNICEF country offices in the region provided important assistance to country

Governments to prepare the EFA 2000 reports. Assessments by all countries were completed, except for Albania and the Federal Republic of Yugoslavia, both of which experienced major emergencies. The reports largely confirmed the trends that were reported in last year's MONEE report, "Education for All", and the data collected established a baseline by which countries can now assess improvements over the next 5 to 10 years. Not only is this baseline data important for future assessments, but the exercise mobilized ministries of education, other donor agencies, especially the convening agencies of EFA, NGOs and institutes, to work together to collect and analyse the data. The assessment could be seen as a capacity-building process and assist future education projects in the region.

59. The Caucasus and Central Asian countries presented their reports in Bangkok, Thailand, while the rest of the region presented them in Warsaw, Poland. Both regional reports will be synthesized with those of other countries that attended these regional groupings and will be presented in Dakar, Senegal, at the global EFA conference in April 2000.

Conclusions

60. The Republic of Moldova is the last country in the Central and Eastern Europe/CIS and Baltic States region to undergo an MTR in this cycle of country programme recommendations. The lessons learned from this exercise, as well as from the previous two years of MTRs, have served as a catalyst for enhancing and streamlining UNICEF collaboration with the Government and other national and international partners on priority issues related to the survival, development and protection of children and young people.

61. During the next year, the culture of evaluation still needs to be strengthened in UNICEF and among counterparts, and will continue to receive priority attention. As this is the year during which countries will be working on the end-decade assessment of the World Summit for Children goals, much of the office assessment efforts will be focused on achieving reliable data to assist countries in this effort.